

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02990

Reg. Dist. No. 142

1. PLACE OF DEATH

County Prince GeorgeCity or town Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr Geo Co.City or town Seat Pleasant Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 530 Addison Road.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

Cornelia Alson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Charles R.7. Birth date of deceased (mo., day, yr.) June 4th 1868

6. (c) If alive, give age _____ years

8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation:

11. Industry or business

12. Name Wm. Mc Donald13. Birthplace Washington D.C.14. Maiden name Ellen Schmidt15. Birthplace Washington D.C.16. Informant Mary SchmidtAddress 530 - Addison Rd. Seat Pleasant Md.17. Burial Date thereof March 25th 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Cedar HillLocation Suitland Md.18. Funeral director Robert A. MattinglyAddress 131-11th St. S.E. Wash. D.C.19. Mar. 22 19 48 Carrie F. Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 48 at 1:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 47 to March 22 19 48 and that I last saw her alive on March 22 19 48Immediate cause of death Congestion heart failure

DURATION

24 hoursDue to Atherosclerotic heart diseaseDue to General arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Suit Palthe

M. D. or other _____

Address 6906 Palthe Rd SEDate signed 3/22/48

RECEIVED

MAR 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02991

Reg. Dist. No. 245

1. PLACE OF DEATH:

County *Geo. C.*City or town *Riversdale - md*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *33 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *md* County *Pr. Geo. C.*City or town *Riversdale - md*
(If outside city or town limits, write RURAL and give nearest town)Street No. *Besson Light Road*
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Rose Agness Ashton

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

*married*6. (b) Name of husband or wife *Charles B. Ashton*7. Birth date of deceased (mo., day, yr.) *Sept. 27 - 1885*8. AGE: Years *62* Months *0* Days *0* If less than one day *0* hrs. *0* min.9. Birthplace: *New York City*
(Town, county, and state)10. Usual occupation: *Housewife*

11. Industry or business

12. Name: *Adam Beck*13. Birthplace: *New York*14. Maiden name: *unknown*15. Birthplace: *New York*16. Informant: *Charles B. Ashton*Address: *Besson Light Road, Riversdale - md*17. *Burial* Date thereof: *3/15 - 48*
(Burial, cremation, or removal. Which?) (month, day) (year)Cemetery or crematory: *Forest Lawn Cemetery*Location: *Wash. D.C.*18. Funeral director: *Wm. C. Banks & Co.*Address: *Riversdale - md*19. *Mar. 12* 19 *48* *Mrs. Jas. Severa*
(Date recorded by registrar) (City or town)

MEDICAL CERTIFICATION

20. DATE OF DEATH: *Mar - 11* 19 *48* at *8:00 a.m.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *9-18* 19 *47* to *3/11* 19 *48*
and that I last saw him *or* alive on *3/10* 19 *48*Immediate cause of death: *Metastatic Carcinoma of Liver* DURATION *6 mos*Due to: *undetermined primary focus*

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation: *Metastases to liver from undetermined source* Date of op. *1/26/48*

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: *R. C. Kirchner M.D.* M. D. or otherAddress: *907-11-NE Ab.* Date signed: *3/11/48*

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

181

02992

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Cherry Hill
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Prince Georges General Hospital
 How long in hospital or institution? 6 days

3. (a) FULL NAME

Allie Lee Ayork

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Samuel A Ayork

7. Birth date of deceased (mo., day, yr.)

Feb 23, 19076. (c) If alive, give age. 61 years

8. AGE:

40

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Waitress

11. Industry or business

MOTHER FATHER

12. Name

Joseph Cooper

13. Birthplace

Lynchburg Va

14. Maiden name

Elora Sanduskie

15. Birthplace

Ohio

16. Informant

Samuel Ayork

Address

Hyattsville Md

17. Burial

April 1, 1948

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

St. Lincoln

Location

Washington DC

18. Funeral director

F. Beachie Sons

Address

Hyattsville Md

19. April 7, 1948

Amanda W. Doney

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4631-42nd Place

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1948 at 9:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...19...19...19...

and that I last saw him...alive on...19...

Immediate cause of death

Shock

DURATION

Due to myocardial second and third degree burning of bodyand extremitiesOther conditions died during anaesthesia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Acc. Date of Jan 20, 1948Where did injury occur? Hyattsville Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury clothes caught fire while smoking Injured at work?Deputy Medical Examiner23. SIGNATURE James D. ... M. D. or otherAddress Frederick Md Date signed 3-29-48

RECEIVED

APR 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a 02993

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George's
City or town Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, institution, or street address where death occurred:
504 - 62nd Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince George's
City or town Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)
Street No. 504 - 62nd Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Edward Baskerville

3. (b) Social Security Number

4. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Annie Baskerville
7. Birth date of deceased (mo., day, yr.) May 24 1910 6. (c) If alive, give age 39 years
8. AGE: Years 37 Months 3 Days 1 It less than one day hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Adler
11. Industry or business Railroad
12. Name unknown
13. Birthplace Virginia
14. Maiden name unknown
15. Birthplace Virginia

16. Informant Annie Baskerville
Address 504 - 62nd Ave N.E. Seat Pleasant
17. Removal Date thereof Mar. 31 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington, D.C.
Location Malvan & Scheepers
18. Funeral director 424 R. St. N.W.
Address Mar. 31 1948
19. Carrie F. Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1948 at 1005
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw him alive on 19

Immediate cause of death coronary occlusion
Due to cardiovascular renal disease
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Robert D. Baskerville M.D. or other
Address Seat Pleasant Date signed 3.31.48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 2 1948

BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02994

CERTIFICATE OF DEATH

Reg. Dist. No. 23.1

1. PLACE OF DEATH:

County Prince GeorgesCity or town Clevery
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 daysHospital, institution, or street address where death occurred:
Prince Georges HospitalHow long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 3808 Oliver Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Beckwith, Mr Eugene

3. (b) Social Security Number

4. Sex

Male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Myrtle May Beckwith7. Birth date of deceased (mo., day, yr.) Sept 20, 18718. AGE: Years 76 Months 5 Days 13 If less than one day
.....hrs.min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name Benjamin Beckwith13. Birthplace Calverville Md14. Maiden name Mary Ellyn Williams15. Birthplace Md.16. Informant Son - Gaylord BeckwithAddress 3808 Oliver - Hyattsville Md17. Burial Date thereof 3/15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. LincolnLocation Washington D.C.18. Funeral director F. Gosch's sonsAddress Hyattsville Md.19. 3/3 48 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 March 1948 19..... at 5:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death Chronic pulmonary tuberculosisDURATION
unknown

Due to.....

Due to.....

Other conditions Osteomyelitis, rt. hipunknown

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John W. Longgreen M.D.

M. D. or other

Address Mt. Rainier, Md Date signed 3-3-48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The tombstone age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1948

BUREAU V. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 114 MAR 15 1948

CERTIFICATE OF DEATH

02995

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 yrs.

Hospital, institution, or street address where death occurred:

Prince Georges General Hospital

How long in hospital or institution?

3. (a) FULL NAME

Minnie F. Bittner

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife Louis H. Bittner

7. Birth date of

deceased (mo., day, yr.)

March 6, 1877

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

70 1/2

11

28

hrs.

min.

9. Birthplace Pittsburgh, Pa.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Water

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Grace F. Daggs

Address 4109-30th St. Mt. Rainier, Md.

17. Transportation Date thereof Mar. 6, 1948.

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory McKee Rock, Pa.

Location

18. Funeral director Wm. J. Halley

Address 3200-R.I. Ave. Mt. Rainier, Md.

19. 3/6 48 Amanda Deuney

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Pr. Geo.

City or town Mt. Rainier

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4109-30th Street

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5-48 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-26-48 to 3-5-48

and that I last saw him alive on

3-4-48

Immediate cause of death

Coronary

Sclerosis of Myocardial

Weakness

Due to Diabetic Mellitus

DURATION

2 weeks

5+ yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W.B. Rogers M.D.

M. D. or other

Address Mt. Rainier, Md. Date signed 3-5-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02996

Reg. Dist. No. 232

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

1948 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

23 Feb 1948 to 16 Mar 1948

and that I last saw him alive on 14 Mar 1948

Immediate cause of death

Generalized advanced arteriosclerosis

DURATION

None

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. another

Address

Date signed 12 Mar 48

WESTINGHOUSE STATE OF NEW YORK

CERTIFICATE OF DEATH

DECEASED

POSTHUMOUS

RECEIVED

MAR 19 1948

BUREAU V. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

02998

FILM NO. G 114 MAR 12 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County... Prince Georges
City or town... Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 days
Hospital, institution, or street address where death occurred:
Prince George's Gen. Hospital, Cheverly, Md.
How long in hospital or institution? 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Prince Georges
City or town... Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5100 - 42nd Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Hannah Brady

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife William L Brady

7. Birth date of deceased (mo., day, yr.) April 21, 1873 6. (c) If alive, give age years

8. AGE: Years 74 Months 10 Days 14 It less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Andrew J Leakin

13. Birthplace Baltimore Maryland

14. Maiden name Agnes Brown

15. Birthplace Alton Illinois

16. Informant Hospital Records

Address Cheverly Md.

17. Burial Date thereof March 8, 1948 (month) (day) (year)

Cemetery or crematorium 888 Ft. Lincoln

Location near Washington D. C. Manor

18. Funeral director F. Gasch's Sons

Address Hyattsville Maryland

19. Mar 7 1948 Amanda H. J. J. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1948 10:55A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-1 1940 to 3-5 1948 and that I last saw him alive on 3-4-1948

Immediate cause of death Cerebral Arterio sclerosis DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

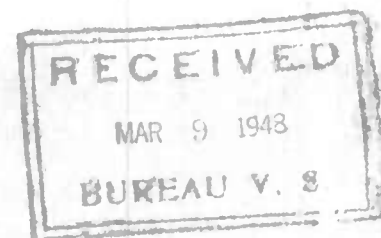
Address M. D. 3-545

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. List exact age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAR 9 1948

BUREAU V. 8

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02999

Reg. Dist. No.

232

1. PLACE OF DEATH:

County Pr. George
 City or town Ritchie
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 Years
 Hospital, institution, or street address where death occurred:
6701 Whitehouse Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. Geo Co
 City or town Ritchie
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6701 Whitehouse Road
 (If rural, give LOCATION)
 2.(a) if veteran, name war

3. (a) FULL NAME

John Washington Brady

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of ~~husband~~ wife Sarah Brady
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 13 1860
 8. AGE: Years 87 Months 7 Days 20 It less than one day _____ hrs. _____ min.
 9. Birthplace Ritchie, Pr. Geo Co. Maryland
 (Town, county, and state)
 10. Usual occupation Retired Tobacco Farmer
 11. Industry or business

FATHER
 12. Name George Brady
 13. Birthplace Maryland
 MOTHER
 14. Maiden name Phelps
 15. Birthplace Maryland

16. Informant Mr. Jeremiah J. Brady
 Address 6701 Whitehouse Rd SE Wash 19 D.C.
 17. Burial Date thereof 3-6-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Lukes
 Location Frostville, Md.

18. Funeral director 7 Ritchie Brothers
 Address 7 Ritchie Brothers
 19. March 4 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1948 at 8:10 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1946 to March 3 1948
 and that I last saw him alive on March 2 1948
 Immediate cause of death Congestive Heart Failure
 DURATION 24 hours
 Due to arteriosclerotic heart disease 15 Years
 Due to Generalized arteriosclerosis 15 years
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. Suit-Putche MD
6906 Ritchie Rd SE M. D. or other
 Address Wash 19 D.C. Date signed March 3 1948

RECEIVED

MAR 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03000

Reg. Dist. No. *265*

1. PLACE OF DEATH:

County *Prince George's*

City or town *Hyattsville, Md.*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.* County *Prince George's*

City or town *Hyattsville*
(If outside city or town limits, write RURAL and give nearest town)

Street No. *4910 43rd and Hyattsville, Md.*
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Joanna Brincherhoff

3. (b) Social Security Number

4. Sex *female* 5. Color or race *white* 6.(a) Single, married, widowed, or divorced *widowed*

6.(b) Name of husband or wife *George*

7. Birth date of deceased (mo., day, yr.) *1857* 8.(c) If alive, give age... years

8. AGE: Years *91* Months Days If less than one day
hrs. min.

9. Birthplace *Canada*
(Town, county, and state)

10. Usual occupation *housewife*

11. Industry or business

12. Name *John*

13. Birthplace

14. Maiden name *John*

15. Birthplace

16. Informant *William E. Barger*

Address *4910 43rd and Hyattsville, Md.*

17. (Burial, cremation, or removal. Which?) *Buried* Date thereof (month) (day) (year) *12-18-47*

Cemetery or crematory *Buried cemetery*

Location *New York State*

18. Funeral director *John Lee Sons Co*

Address *300 4th St N E D.C.*

19. *Joanna* 20. *John Lee*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *2/13* 19*48*, at *1 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-12 19*47*, to *3/13* 19*48*

and that I last saw her alive on *3/13* 19*48*

Immediate cause of death *Senile -
arteriosclerotic heart
kidney disease*

Due to *fractured Hip - nailed*

Other conditions
(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *12-18-47*

Where did injury occur? *Hyattsville - P.G.Co - Md*
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *Home*

Means of injury *Fall 54/48 hrs* Injured at work?

23. SIGNATURE *John Lee* M. D. or other

Address *3717-38th St* Date signed *3/13/48*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03001

Reg. Dist. No. 245

1. PLACE OF DEATH

County Pr. Geo. Co.
City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Pr. Geo. Co.
City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4167 Crittenden St
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Isabelle F. Brooke

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife John C Brooke

7. Birth date of deceased (mo., day, yr.) Jan 22 - 1886 6.(c) If alive, give age _____ years

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Faris

13. Birthplace Va

14. Maiden name Emmya Faris

15. Birthplace Washington D.C.

16. Informant John C. Brooke

Address 4107 Crittenden St. Hyattsville, Md

17. Burial Date thereof 3/10/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wash. Mem. Pk Cemetery

Location Hyattsville, Md

18. Funeral director W. B. Chambers & Co

Address Rivendale, Md

19. March 10 19 48 Mrs. Geo. Severe
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 19 48, at 4:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 19 47 to March 8 19 48 and that I last saw him alive on March 6 19 48

Immediate cause of death acute cardiac failure DURATION _____

Due to myocardiosis (chronic) # yr. _____

Due to _____

Other conditions arteriosclerosis 3 yr
Blood sugar 3.6-4.8 - 350
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Norton M. D. or other _____

Address 3527-34th St. Mt Rainier Date signed 3-8-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Prince Georges
 County.....
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 mos., 19 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 5 mos., 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 725 - 6th St., N. E.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

LAMAR BROWN

3. (b) Social Security Number

4. Sex Male
 5. Color or race Negro
 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife ---
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) October 6, 1908

8. AGE: Years Months Days If less than one day
 39 39 5 2 hrs. min.

9. Birthplace Gaston County, North Carolina
 (Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business -

FATHER 12. Name James Brown
 13. Birthplace Emanuel, Georgia
 MOTHER 14. Maiden name Emma Anthony
 15. Birthplace Emanuel, Georgia

16. Informant Deceased

Address

17. Removal Date thereof Mar 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location to Washington, D. C.

18. Funeral director Jas. W. Blumstein

Address 2006 - 9th St. N. W.

19. Mar 9, 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8, 1948 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 17, 1947, to Mar 8, 1948 and that I last saw him alive on Mar 7, 1948

Immediate cause of death Pulmonary Tuberculosis
 DURATION 7 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

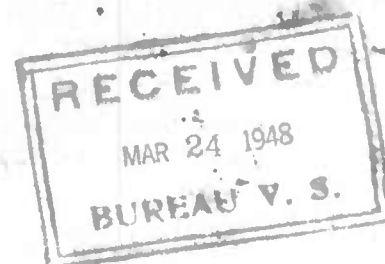
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel L. R. Fineman M.D.

Address Glen Dale, Md. Date signed 3/8/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03003

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince GeorgeCity or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 63 Years

Hospital, institution, or street address where death occurred:

Sacred Heart HomeHow long in hospital or institution? APRIL 9, 1948 - 4 DATE

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington, D.C. County ---City or town Washington, D.C.
(If outside city or town limits, write RURAL and give nearest town)Street No. 3622 12th. Street, N.E.

(If rural, give LOCATION)

2(a) If veteran, name war ---

3. (a) FULL NAME

Margaret Bryerton

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

SINGLE

6. (b) Name of husband or wife

---6. (c) If alive, give age --- years7. Birth date of deceased (mo., day, yr.) NOV. 6, 18638. AGE: Years 84 Months 6 Days 10 If less than one day --- hrs. --- min.9. Birthplace WASH. D.C.
(Town, county, and state)10. Usual occupation RETIRED

11. Industry or business

12. Name PATRICK BRYERTON13. Birthplace IRELAND14. Maiden name HANNAH HANDS15. Birthplace IRELAND16. Informant HOME RECORDSAddress HYATTSVILLE, MD.17. Burial Date thereof March 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Washington, D.C.18. Funeral director James A. Ryan, Inc.Address 317 Penna. Ave., S.E.19. 3/16 19 48 Amanda Durney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 19 48 at 3:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1946 19 48 to March 16, 19 48and that I last saw him er alive on March 15 19 48Immediate cause of death Arteriosclerotic
gangrene, rt. leg

DURATION

3 mosDue to ---Due to ---Other conditions ---

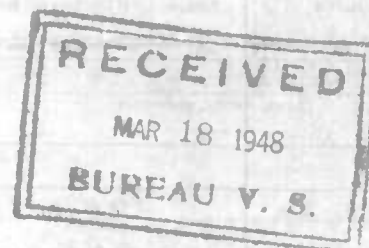
(Include pregnancy within 3 months of death)

Major findings of operations ---Date of op. ---Autopsy results ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---Where did injury occur? --- (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ---Means of injury --- Injured at work? ---23. SIGNATURE James A. Ryan M. D. or otherAddress 322 - H ST NE Date signed 3-16-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03004

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 10 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution?..... 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 119 C. Street, N. E.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ☒

3. (a) FULL NAME

JEAN M. BURLTOW

3. (b) Social Security Number

-

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... William Burtlow
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) October 7, 1903
 8. AGE: Years..... 44 Months..... 44 Days..... 5 It less than one day..... hrs. min.
1

9. Birthplace..... New York, New York
 (Town, county, and state)
 10. Usual occupation..... Waitress
 11. Industry or business.....

12. Name..... Harry Metzger
 13. Birthplace..... New York
 14. Maiden name..... Pheobe Brooks
 15. Birthplace..... New York

16. Informant..... Deceased
 Address.....
 17. Removal to D.C. hospital Date thereof..... Mar 9 1948
 (Burial, cremation, or removal. Which) (month) (day) (year)
 Cemetery or crematory.....
 Location.....

18. Funeral director..... Daniel Leo Punicane M.D.
 Address..... Glenn Dale, Maryland

19. 3/9 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar 8, 1948 at 12:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Feb. 26, 1948 to Mar 8, 1948
 and that I last saw him alive on Mar 7, 1948

Immediate cause of death..... Pulmonary Tuberculosis DURATION..... 2 1/2 yrs

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

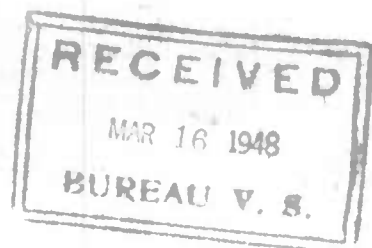
Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Punicane M.D. M. D. or other.....
 Address..... Glenn Dale, Md. Date signed..... 3/8/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILE NO. G- 114 MAR 31 1948

CERTIFICATE OF DEATH

Reg. Dist. No.

243

1. PLACE OF DEATH:

County Prince Georges
City or town Collington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
Schneiders Farm
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Collington
(If outside city or town limits, write RURAL and give nearest town)
Street No. Schneiders Farm
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Grace Carter

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

January 11, 1892 1882

8. AGE:

66 Years Months Days If less than one day hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

clerk

11. Industry or business

U.S. Government

12. Name

Joseph Carter

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Nasalie O'Neil

Address

Collington, Md

17. Burial

Burial Date thereof Mar 19, 1948
(Burial, cremation, or removal. Which?) (Month) (day) (year)

Cemetery or crematory

Arlington Cemetery

Location

Arlington Va

18. Funeral director

F. Sacchi sons

Address

Lyttelville Md

19.

3/18 1948 Amanda Dorney
(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 15, 1948, 12³⁰ P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death

acute congestive heart failure

Due to

Toxemia

Due to

acute intestinal obstruction

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where)?

.....

Means of injury

.....

Injured at work?

.....

23. SIGNATURE

Report medical examiner

James D. Ford M. D. or other

Address Forestville Md Date signed 3-15-48

RECEIVED

MAR 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03006

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince GeorgesCity or town Forestville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 yrs

Hospital, institution, or street address where death occurred:

Pt. Geo. County AlmshouseHow long in hospital or institution? 2

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Prince GeorgeCity or town Upper Marlboro
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Edward Cook

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Anne Belle Cook

7. Birth date of

deceased (mo., day, yr.)

Mar 11, 1860

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

8511hrs.min.9. Birthplace Prince Georges County
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

MOTHER

FATHER

12. Name

Thos Cook

13. Birthplace

Prince Georges

14. Maiden name

Elinabeth

15. Birthplace

16. Informant Almshouse Records

Address

Forestville, Md17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3-24-48.

(month) (day) (year)

Cemetery or crematory

F. F. F. F. F.

Location

Forestville, Md.

18. Funeral director

W. F. F. F. F.

Address

Upper Marlboro Md.19. March 23

(Date rec'd by registrar)

18. 1819. 1920. 2021. 2122. 2223. 2324. 2425. 25

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 22 1948 at 3 A. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec. 201942to Mar 221948and that I last saw him alive on Mar 16 1948

Immediate cause of death

Cardio-vascular disease

DURATION

1945

Due to

Due to

Other conditions

Coronary Thrombosis1944

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John J. Maloney

M. D. or other

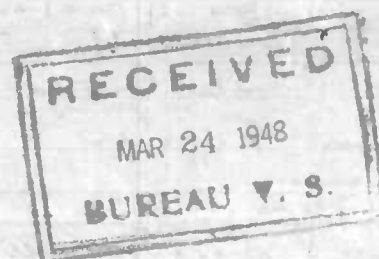
Address

Cheverly, MdDate signed 3-22-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **342**

1. PLACE OF DEATH:

County **Prince Georges**
City or town **North Inglewood**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **13 yrs.**
Hospital, institution, or street address where death occurred: **5900 Sheriff Rd.**
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Prince Georges**
City or town **North Inglewood**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **5900 Sheriff Rd.**
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth Copeland

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, married, widowed, or divorced **Single**

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **May - 1891** 6. (c) If alive, give age years

8. AGE: Years **56** Months Days It less than one day hrs. min.

9. Birthplace **Leesburg, Va.**
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant **Willie Moore**

Address **5900 Sheriff Rd.**

17. **Burial** Date thereof **March 23, 1948**
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory **Harmony Cemetery**

Location **Washington, D.C.**

18. Funeral director **John L. Rhine Co.**

Address **901 - 3rd St S.W.**

19. **Mar. 18, 1948** **Carrie F. Campbell**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 18, 1948** at **12:30** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Nov. 23, 1946** to **March 18, 1948**
and that I last saw her alive on **March 18, 1948**

Immediate cause of death **Congestive Heart Failure**
Arterio Sclerotic Heart Disease
Malnutrition

Due to **Anaemia**

Other conditions **Trophic Ulcer**

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

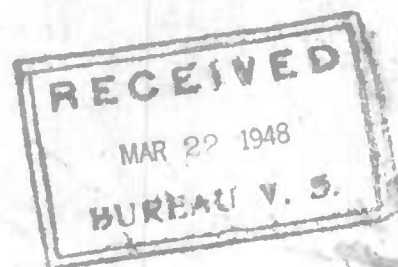
23. SIGNATURE **John W. Robinson, M.D.** M. D. or other

Address **1001 Eastern Ave N.E.** Date signed **3/18/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I understand age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03008

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH:

County Prince Georges
City or town Cheverly Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2. Fe
Hospital, institution, or street address where death occurred:
Prince Georges Hospital
How long in hospital or institution? 1 hour 18 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Prince Georges
City or town Camodys Hills
(If outside city or town limits, write RURAL and give nearest town)
Street No. 512-74th Place
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Costanzo, Baby Robert D.

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan. 4th 1946

8. AGE: Years 2 Months 2 Days — If less than one day — hrs. — min. —

9. Birthplace Cheverly Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Joseph P. Costanzo

13. Birthplace Baltimore Md

14. Maiden name Rae Frazier

15. Birthplace Lynchburg Va

16. Informant Mother - Rae Costanzo

Address 512 74th Pl. Camodys Hills Md

17. Burial, cremation, or removal Burial Date thereof 3-17-48
(month) (day) (year)

Cemetery or crematory Wash. Natl

Location Quintand, Md.

18. Funeral director W.W. Chambers Co.

Address 517 11th St. S.E.

19. Mar. 15 1948 Carrie F. Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 March 48 at 5:43 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....
and that I last saw him alive on 19.....

Immediate cause of death Acute fulminant tonsillitis

Due to Edema of larynx

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Nam F. Davis
1835 Eye St NW M. D. or other
Address Date signed 3/14/48

MARGIN RESERVED FOR BINDING

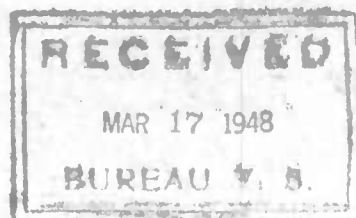
VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. J. Byrd —
County Coroner

notified re. death
& dismissed case to
Hosp. authorities

W. G. Bell, R.N.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

516

03009

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince George
 City or town Hyattsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long above place of death

Hospital, institution, or street address where death occurred:
Morton Farm Rest. Home.

How long in hospital or institution

2 day

3. (a) FULL NAME

Thomas Edgar Dabbs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montg.

City or town Takoma Park
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 601 Garland Ave.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

244-10-4449

4. Sex

Male

5. Color of race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Sallie Fitch Lister Dabbs

7. Birth date of deceased (mo., day, yr.)

February 8, 18786. (c) If alive, give age deceased years

8. AGE:

Years 70Months 1Days 3

If less than one day

hrs.

min.

9. Birthplace

Ashe County, North Carolina
(Town, county, and state)

10. Usual occupation

Retired Insurance Agent

11. Industry or business

Insurance

FATHER

12. Name

Johnafan Jackson Dabbs

13. Birthplace

Ashe Co. N.C.

MOTHER

14. Maiden name

Elizabeth Jane Krett

15. Birthplace

Ashe Co. N.C.

16. Informant

Mrs. Sallie M. Steiner

Address

601 Garland Ave. Takoma Park Md.

17.

Burial

Date thereof

March 14 1948
(month) (day) (year)

Cemetery or crematory

Oakwood Cemetery

Location

Raleigh, North Carolina

18. Funeral director

J. Arthur Walters

Address

254 Carver St NW, Takoma Park DC

19.

March 11th 1948
(Date rec'd by registrar)John D. Smith
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar 11 48 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sep 24 1946 to Mar 11 1948
 and that I last saw him alive on Mar 7 1948.

Immediate cause of death

Cancer of Prostate
with metastases

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

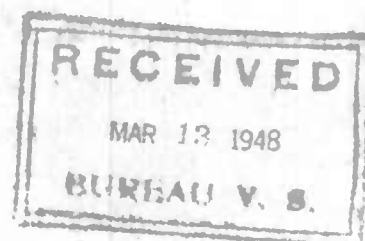
Means of injury

Injured at work?

23. SIGNATURE

Howard T. Brown
Charles A. Brown
 Address Takoma Park Md signed 3/11/48

M. D. or other



RECEIVED

MAR 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03010

123

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George'sCity or town Ritchie
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Ritchie
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war. _____

3.(a) FULL NAME

Jessie Louise De Gorgue

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife William E. De Gorgue6.(c) If alive, give age 44 years7. Birth date of deceased (mo., day, yr.) Sept 30, 18998. AGE: Years 48 Months 5 Days 5 If less than one day _____ hrs. _____ min.9. Birthplace Washington DC
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name James A. Adams13. Birthplace Washington DC14. Maiden name Sadie O'Brien15. Birthplace Washington DC16. Informant William E. De GorgueAddress Ritchie, Md17. Burial Burial Date thereon Mar 9/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph'sLocation St. Louis Md18. Funeral director W. W. ChambersAddress 517-11 St19. Mar 6 19 48 Carrie F. Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 19 48 at 4:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 19 48 to Mar 5 19 48 and that I last saw him alive on Mar 3 19 48Immediate cause of death Acute gastro intestinal hemorrhageDue to cause unknown

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results not autopsied

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James A. Adams M.D. or otherAddress Forestville Md Date signed 3-5-48

RECEIVED

MAR 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St. Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03011

239

1. PLACE OF DEATH:

County Prince George's
 City or town Near Laurel Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year 2 months 10 days
 Hospital, institution, or street address where death occurred:
The Laurel Sanitarium
 How long in hospital or institution? as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State DC County
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3313-16th St. N.W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Clara Cecelia De Sone

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Jan 2 - 1872 6. (c) If alive, give age years8. AGE: 76 Years 2 Months 15 Days hrs. min. If less than one day9. Birthplace Penn. (Town, county, and state)10. Usual occupation None11. Industry or business 12. Name Louis Helme13. Birthplace Penn.14. Maiden name Amanda Brounau15. Birthplace Penn.16. Informant Mrs C. A. DouglassAddress 3313-16th St. N.W. Wash D.C.17. Burial St. Anselm Cemetery Date thereof May 20, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Anselm CemeteryLocation Hammer, La York, Calif.18. Funeral director William C. FriesAddress Laurel Md19. Date rec'd by registrar May 17 1948Registrar M. BrashereAddress

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 19 48 at 8 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 19 48 to 3/17 19 48and that I last saw him alive on 3/17 19 48Immediate cause of death Acute Myocarditis DURATION Due to Due to Other conditions Arterio Sclerosis

(Include pregnancy within 8 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Jesse C. Coggin M. D. or other Address Laurel Md Date signed 3/17

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OK 64R -

305

Center

Rev. Mrs. J. H. Packer

RECEIVED
MAR 20 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03012

231

1. PLACE OF DEATH:

County PRINCE GEORGE'SCity or town CHEVERLY
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 hrs. 24 min.

Hospital, institution, or street address where death occurred:

Prince George's General HospitalHow long in hospital or institution? 9 hrs. 24 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County —City or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 409 Ridge Road, S.E.
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

Baby Girl Derrickson

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Mar. 6, 19486. (c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

9 hrs. 24 min.

9. Birthplace

Cheverly, Prince George's, Md.
(Town, county, and state)

10. Usual occupation

Newborn

11. Industry or business

FATHER

12. Name

Vernon L. Derrickson

13. Birthplace

Indiana

MOTHER

14. Maiden name

Lucille Frazier

15. Birthplace

N. Dakota

16. Informant

Mrs. Lucille Derrickson

Address

409 Ridge Rd. S.E., Washington 19, D.C.17. Cremation

(Burial, cremation, or removal. Which?)

Date thereof

3/8/48
(month) (day) (year)

Cemetery or crematory

Prince George's General Hospital

Location

Cheverly, Md.

18. Funeral director

G. R. Beasley Superintendent

Address

Cheverly, Md.19. 3/9

(Date rec'd by registrar)

19. 48Amanda Dorney

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1948 at 10:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-6-1948 to 3-6-1948and that I last saw her alive on 3-6-1948

Immediate cause of death

Prematurity

DURATION

Due to

6 month pregnancy followed by rupture of membranes

Due to

Other conditions

None evident

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Leo Wm. Dufault, MD

M. D. or other

Address

2725 P. Ave S.E. Wash. DCDate signed 3-7-48

RECEIVED

MAR 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03013

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 7 mos., 8 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 7 mos., 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1730 - 16th Street, N. W.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

EBERHART MILDRED B.

3. (b) Social Security Number

- - -

4. Sex..... Female
 5. Color or race..... White
 6. (a) Single, married, widowed, or divorced..... Single

B. (b) Name of husband or wife..... - - -

7. Birth date of deceased (mo., day, yr.)..... April 3, 1914
 B. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
 33 33 11 27hrs.min.

9. Birthplace..... Maysville, Georgia
 (Town, county, and state)

10. Usual occupation..... Nurse

11. Industry or business..... - - -

12. Name..... Clyde P. Eberhart
 13. Birthplace..... Maysville, Georgia

14. Maiden name..... Ada Mullinax
 15. Birthplace..... Maysville, Georgia

16. Informant..... Deceased

Address.....

17. Burial..... Date thereof..... 3 31 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Holy Trinity Cemetery
 Location..... Maysville, Georgia

18. Funeral director..... W. W. Chambers Co.
 Address..... 1400 Chapin St. N.W.

19. 3/30 48 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 30 19 48 at 2²⁰ p. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/21 19 47 to 3/30 19 48 and that I last saw him alive on 3/30 19 48

Immediate cause of death..... Tuberculous meningitis
 DURATION..... 6 days

Due to..... pulmonary tuberculosis
 Duration..... 15 mos.

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinneau M.D.
 M. D. or other

Address..... Glenn Dale Md. Date signed 3/30/48

RECEIVED

APR 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93 d

03014

CERTIFICATE OF DEATH

Reg. Dist. No.

245

1. PLACE OF DEATH

County Pr. Geo. Co.City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Sacred Heart, Hyattsville Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Pr. Geo CoCity or town Riversdale
(If outside city or town limits, write RURAL and give nearest town)Street No. 5400 Riversdale Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Margaret C Fanning

3.(b) Social Security Number

4. Sex

F

5. Color of face

W

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Joseph Fanning

7. Birth date of

deceased (mo., day, yr.)

April 25 - 1861

8.(c) If alive, give age years

8. AGE:

87

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Wash. D.C.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Fanning

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

Margaret A. Mattingly

16. Informant

Riversdale Md

17. Burial, cremation, or removal. Which?

Burial Date thereof 3/29/48
(month, day, year)

Cemetery or crematorium

Holy Rood Cemetery

18. Funeral director

W.W. & Sons Co

19. Date rec'd by registrar

Mar. 27, 1948 Mo. J. J. Devere
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 26 19 48 at 2:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1 19 47 to MARCH 26 19 48and that I last saw him alive on MAR 25 19 48

Immediate cause of death

Longstanding heart failure
Arteriosclerotic heart

DURATION

3 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James F. Hallin
325 H ST NE D.C.

M. D. or other

Address

Date signed 3-26-48

RECEIVED

MAR 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03015

50

Reg. Dist. No. 145

1. PLACE OF DEATH:

County P. Geo. C.City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County P. Geo. C.City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 4106 Gallatin St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Nettie Faris

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife James P. Faris7. Birth date of deceased (mo., day, yr.) Aug-9-18696. (c) If alive, give age 78 years8. AGE: Years 78 Months 0 Days 0 If less than one day hrs. min.9. Birthplace Washington D.C.
(Town, county, and state)10. Usual occupation Laundress11. Industry or business John C. Levin12. Name Bermy13. Birthplace Anna K. Petry14. Maiden name Germany15. Birthplace Katherine Lauer16. Informant 4106 Gallatin St. Hyattsville17. Burial Burial Date thereof 8/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or cremator Croftsville CemeteryLocation Wash D.C.18. Funeral director W. C. Hawks & Co.Address Buried at19. Frank B. 16 48 James Levin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 19 48 at 4:50 PM21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar 1 19 48 to 3-15 19 48and that I last saw him alive on 3-14 19 48Immediate cause of death Carcinoma of breast DURATION 2 1/2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature James Levin19 48 M. D. or otherAddress 1514 S. 1st St. Date signed 3-16-48

RECEIVED

MAR 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 mos., 4 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 4 mos., 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... D.C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 440 M. St., N. W.
(If rural, give LOCATION)

3. (a) FULL NAME

WILLIAM LEO FIKES

3. (b) Social Security Number

408-14-0130

4. Sex Male 5. Color of Race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife -

7. Birth date of deceased (mo., day, yr.) July 7, 1906 6. (c) If alive, give age: years

8. AGE: Years Months Days If less than one day
41 41 8 4 hrs: min.

9. Birthplace: Meridian, Mississippi (town, county, and state)

10. Usual occupation: Dining car Waiter on Southern R.R.

11. Industry or business -

12. Name: C. J. Fikes

13. Birthplace: Mississippi

14. Maiden name: Marie Perry

15. Birthplace: Macon, Georgia

16. Informant: Deceased

Address

17. Renewal Date thereof: March 16, 1948 (month) (day) (year)

Cemetery or crematory

Location: La Washington, D.C.

18. Funeral director: Taft H. Williams

Address: 1702 - 12th St. N.W.

19. March 11, 1948 Rowland S. Phillips

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 11, 1948, at 7:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6, 1947, to March 11, 1948, and that I last saw him alive on March 10, 1948.

Immediate cause of death: Pulmonary Tuberculosis DURATION 6 1/2 months

Due to:

Due to:

Other conditions:

(include pregnancy within 3 months of death)

Major findings of operations:

Date of op:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (city or town) (county) (state)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

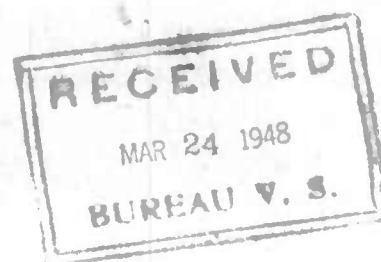
23. SIGNATURE: Daniel Leo Finucane MD

Address: Glenn Dale Md. Date signed: 3/11/48

MARGIN RESERVED FOR FINDING

WS 415 9-44515M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

02997

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Pro Geo. Co
 City or town Colmar Manor Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 37 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Eldora Flack

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Samuel S. Flack

7. Birth date of

deceased (mo., day, yr.)

April 10, 1860

8. AGE:

Years

Months

Days

If less than one day

871022

hrs.

min.

9. Birthplace

Pa

(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

FATHER

12. Name

Caleb Zellers

13. Birthplace

Pa

MOTHER

14. Maiden name

unknown

15. Birthplace

unknown

16. Informant

Charles H. Flack

Address

4100 Newton St Colmar Manor Md

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

BurialMarch 5, 1948

Location

Cedar Hill

Address

Switland Md

18. Funeral director

F Gasch's sons

Address

Hyattsville Md.

19.

(Date rec'd by registrar)

3/348Amanda Doney

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 2, 1948 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 15, 1947 to March 2, 1948and that I last saw him alive on March 21, 48 19

Immediate cause of death

Fractured neck at lowerimpacted 4 weeks, basalDue to road from car onMarch 19 (1947) at 1st fieldDue tobronchial pneumoniacardiac infarction(all of above)(at home)

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Oct 15 Date ofWhere did injury occur? see entry above (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Flack M. D. or otherAddress Hyattsville Md Date signed 3/2/48

RECEIVED

MAR 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince GeorgeCity or town West Lonsban Mills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Prince GeorgeCity or town West Lonsban Mills Ind
(If outside city or town limits, write RURAL and give nearest town)Street No. 7751 Frederick Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Hennietta E. Flynn

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John L. Flynn

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

June 12, 1876

8. AGE:

Years

Months

Days

If less than one day

71

hrs.

min.

9. Birthplace

Washington D.C.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Agnes Worch

13. Birthplace

Germany

MOTHER

14. Maiden name

Emilia Worch

15. Birthplace

Germany

16. Informant

Mildred E. Karpas

Address

7751 Frederick Rd17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

March 22, 1948
(month) (day) (year)

Cemetery or crematory

Rock Creek

Location

Washington D.C.

18. Funeral director

Real Funeral Home

Address

4812 Ga Ave NW19. 3/19

(Date rec'd by registrar)

19 48Amanda Dourne

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 19, 1948 at 10:30 A.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 3, 1948 to Mar 19, 1948and that I last saw him alive on Mar 18, 1948

Immediate cause of death

Congestive heart failure

DURATION

2 wks.

Due to

Chronic myocarditis2 yrs.

Due to

Chronic nephritis2 yrs.

Other conditions

Arteriosclerosis of aortic valve2 wks.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Clayton H. Haffield MDAddress 1616 1-16th St NW Date signed 3-19-48

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAR 20 1948
BUREAU V. S.

Dr. [Signature]
1616-16-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1312

03018

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Prince Georges
 City or town Capitol Heights
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
817-50th Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Capitol Heights
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 817-50th Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Susan Ford

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife John C Ford
 6.(c) If alive, give age 80 years
 7. Birth date of deceased (mo., day, yr.) August 3, 1874
 8. AGE: Years 73 Months Days It less than one day hrs. min.
 9. Birthplace Richmond Va
 (Town, county, and state)
 10. Usual occupation Hom

11. Industry or business

12. Name Gideon Marie
 13. Birthplace Richmond, Va
 14. Maiden name Shaner
 15. Birthplace West Virginia
 16. Informant John C. Ford
 Address Soldiers Home, D.C.
 Burial 3-8-48
 17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
 Cemetery or crematorium Soldiers Home
 Location Washington DC
 18. Funeral director W. W. Chambers Co
 Address 517 11th St S.E.
 19. March 4 1948 Carrie F. Campbell.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1948 at 6:30 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
 and that I last saw him alive on 19
 Immediate cause of death Congestive heart failure DURATION
Cardiovascular renal
disease
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work

23. SIGNATURE Deputy Medical Examiner M. D. or other
 Address Deputy Medical Examiner Date signed 3-4-48

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diet. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 5 mos., 4 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 5 mos., 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 501 L. Street, N. W.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

GALLMON, NICIE LOU

3. (b) Social Security Number

4. Sex..... Female
 5. Color or race..... Negro
 6. (a) Single, married, widowed, or divorced..... Single
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... May 2, 1928
 8. AGE: Year..... 19 Months..... 19 Days..... 10 It less than one day.....
 19 19 10 28hrs.min.

9. Birthplace..... Kinard Co., South Carolina
 (Town, county, and state)
 10. Usual occupation..... None
 11. Industry or business.....

12. Name..... Sammy Gallmon
 13. Birthplace..... ? South Carolina
 14. Maiden name..... Dora Williams
 15. Birthplace..... ? South Carolina

16. Informant..... Deceased
 Address.....
 17. Burial, cremation, or removal, Which?..... Removal to Wash, D. C. Date thereof..... Mar 30 1948
 (month) (day) (year)

Cemetery or crematory.....
 Location.....
 18. Funeral director..... George B. Clarke
 Addressee..... 1416 - Fla. Ave. N.E.
 19. Mar. 30, 1948. Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 30, 1948, at 10:45 A.M.

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
 October 25, 1947, to March 30, 1948
 and that I last saw him alive on March 30, 1948

Immediate cause of death..... Pulmonary Tuberculosis
 DURATION..... 6 mo

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged etiologically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Manner of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinucane MD

M. D. or other

Address..... Glenn Dale Md. Date signed 3/30/48

RECEIVED

APR 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: PRINCE GEORGES.
 County.....
LAUREL, Md.
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Warren Hospital
 How long in hospital or institution? Since birth

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants, give residence of mother)
 State Maryland County Prince George
 City or town.....
LAUREL
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME ROBIN GILBERT.

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced SINGLE.
 6.(b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) JUNE 10, 1947.
 8. AGE: Years 9 Months 21 Days 21 If less than one day
 hrs. min.

9. Birthplace LAUREL, Md.
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business.....
 12. Name DAVID McALVEY GILBERT.
 13. Birthplace WASH., D.C.
 14. Maiden name RUTH RODD.
 15. Birthplace PENSACOLA, FLA.

16. Informant Mrs Ruth Gilbert
 Address 903 Mass Ave N.E.
 17. CREMATION Date thereof APRIL 2, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory CEDAR HILL CREMATORY
SPRINGLAND, Md., PRINCE GEORGE CO.
 Location.....

18. Funeral director James J. Walters
 Address 505 Washington Blvd., Laurel, Md.
Mar 31 1948 M. B. Biscoe
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31 1948 at 1:23 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19....., to.....19.....
 and that I last saw h..... alive on.....19.....

Immediate cause of death Endocarditis
Coronary Heart
Disease
 DURATION

Due to.....
 Due to.....

Other conditions Mongolian Idiot Birth
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE J M Warren Md
Laurel
 Address..... Date signed 3/31/48

RECEIVED

APR 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County..... Prince Georges
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 3 years, 10 mos., 18 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution?..... 3 yrs., 10 mos., 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... D. C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1117 Parkwood Place, N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

GRAY WALTER PERCIVAL

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Julia C. Gray
6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) November 21, 1883

8. AGE: Years Months Days If less than one day
64 64 3 22hrs.min.

9. Birthplace Petersburg, Virginia
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business

FATHER 12. Name Arthur Gray
13. Birthplace New York

MOTHER 14. Maiden name Rosa Virginia Minetree
15. Birthplace Petersburg, Virginia

18. Informant Deceased

Address

17. Removal Date thereof 3/15/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

Location to Washington D.C. thence to Norfolk

16. Funeral director The S. H. Hines Co. R.W.D.

Address 2901 - 14th St. N.W.

19. Mar. 15 48 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1948 at 11:25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/14/44 to 3/14 1948
and that I last saw him alive on 3/14 1948

Immediate cause of death pulmonary tuberculosis
DURATION 8 1/2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Pinicare MD
M. D. or other

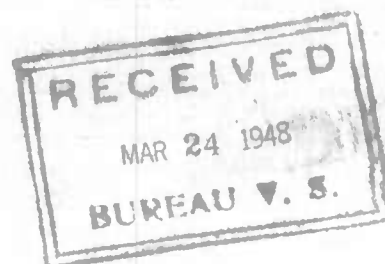
Address Glen Dale MD Date signed 3/14/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

JB 03022

FILM No. G 114 MAR 30 1948 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince Georges
City or town Riversdale
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 1/2 hours
Hospital, institution, or street address where death occurred:
Telam Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State New York County New York
City or town New York
(If outside city or town limits, write RURAL and give nearest town)
Street No. 900 Riverside Drive
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Walter Hasbroack Guffin GUFFIN

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Katherine Guffin

7. Birth date of deceased (mo., day, yr.) August 2, 1876 6. (c) If alive, give age 66 years

8. AGE: Years 71 Months 7 Days 9 If less than one day
hrs. min.

9. Birthplace New York
(Town, county, and state)

10. Usual occupation Tax Expert

11. Industry or business City of New York

12. Name Joseph Guffin

13. Birthplace New York

14. Maiden name Mary Brown

15. Birthplace New York

16. Informant Warren Charlton

Address 2520 York Ave, Dundalk, Md

17. Transportation Date thereof Mar 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Statenville Cemetery

Location Central Bridge 2 y

18. Funeral director F. G. G. & Sons

Address Statenville Rd.

19. March 13, 1948 Mo. Mar Day 13 Year 1948
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1948 at 11:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

Hemorrhage and shock

Due to Fracture of skull

Intra cranial hemorrhage

Due to

Other conditions Compound fracture of

right tibia and fibula
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3-11-48

Where did injury occur? Hallmark P. D. Rd
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) 1

When injured Police station

23. SIGNATURE James R. Friesballe
N. D. or other

Address Friesballe Rd Date signed 3-12-48

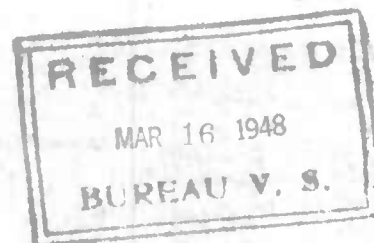
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03023

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County PRINCE GEORGE'S
City or town Chesley
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 hr. 45 min
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 1 hr. 45 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince George's
City or town University Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4112-Woodberry St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Ruby Hagerman
4. Sex Female 5. Color or race W 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife J. Frank Hagerman
7. Birth date of deceased (mo., day, yr.) 8-19-1879 6.(c) If alive, give age years
8. AGE: Years 68 Months 7 Days 4 If less than one day hrs. min.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23-1948 at 6:10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-22-1948 to 3-23-1948 and that I last saw him alive on 3-22-1948
Immediate cause of death Acute Ritonistic DURATION 10 hours
Due to Respiratory Infection 10 hours
Due to Louise Kinkor Bond 9
Other conditions Chronic Arthritis 10 yrs
(Include pregnancy within 8 months of death)

9. Birthplace Kentucky (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name Thomas Slickerson
13. Birthplace Ky
14. Maiden name Katherine Huey
15. Birthplace Ky
16. Informant Kathleen Smith
Address University Park Md.
Transportation Date thereof Mar 24, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Bowling Green
Location Kentucky
18. Funeral director F. Gaschi Sons
Address Kyattsville, Md.
19. 3/24/48 Amanda Downey
(Date rec'd by registrar) Registrar

Major findings of operations
Date of op.
Autopsy results See cause of death
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE U.S. Hagerman M.D.
Address Int. Kankin Md. Date signed 3-23-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03024

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George'sCity or town Lanham
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Immediate

Hospital, institution, or street address where death occurred:

P. R. R. Tracks

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town West Lanham
(If outside city or town limits, write RURAL and give nearest town)Street No. 4903 - 77 Place
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jeanne Crow Hahn

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Vincent George Hahn

7. Birth date of

deceased (mo., day, yr.)

Aug 19, 19086. (c) If alive, give age 44 years

8. AGE:

Years

Months

Days

If less than one day

39

hrs.

min.

9. Birthplace

Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own Home

FATHER

12. Name

Phillip Wilson

13. Birthplace

Scotland

MOTHER

14. Maiden name

Margaret Gray

15. Birthplace

Scotland

16. Informant

Vincent George Hahn

Address

West Lanham Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Mar 16, 1948
(month) (day) (year)

Cemetery or crematory

Lt. Lincoln

Location

Washington D.C.

18. Funeral director

F. Gracia Sone

Address

Nyatterville Md.

19.

(Date rec'd by registrar)

March 15 48. Mrs Jack Bennette
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1948 at 2:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw h..... alive on.....19.....

Immediate cause of death

Multiple crushing injuries to body

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Undetermined Date of 3-14-48Where did injury occur? Lanham P.S. Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) P.R.R. TracksMeans of injury Truck & a train Injured at work? NoKeepsly medical examiner

23. SIGNATURE

James I. Bennett M.D. or otherAddress Frederick Md Date signed 3-14-48

RECEIVED

MAR 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 03025
 Reg. Dist. No. 243

1. PLACE OF DEATH: Prince Georges
 County.....
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs., 9 mos., 19 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 3 yrs., 9 mos., 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1536 - 28th St., S. E.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME
 HARDY CALVIN S.

3. (b) Social Security Number
 - - -

4. Sex Male
 5. Color or race White
 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife - - -
 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) September 17, 1866
 8. AGE: Years Months Days If less than one day
 81 81 6 3 hrs. min.

9. Birthplace Roanoke, Virginia
 (Town, county, and state)
 10. Usual occupation Retired Government Employee
 11. Industry or business -

12. Name Silas Hardy
 13. Birthplace ? Virginia
 14. Maiden name Amanda J. Saunders
 15. Birthplace ? Virginia

16. Informant Deceased
 Address
 17. Burial, cremation, or removal, Which? Burial to Wash. D. C.
 Date thereof Mar 20 48
 (month) (day) (year)
 Cemetery or crematory Cedar Hill Cemetery
 Location Suitland Md.

18. Funeral director James H. Phillips Inc
 Address 317 Pa Ave. S.E.
 19. 3/20 48 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1948, at 1:15 a.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/29 44 to 3/20 48
 and that I last saw him alive on 3/20 48
 Immediate cause of death pulmonary tuberculosis
 DURATION 5 1/2 yrs.
 Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Daniel L. Pincus MD
 M. D. or other
 Address Glen Dale Md Date signed 3/24/48

RECEIVED

APR 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 month, 10 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 1 month, 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 2422 - 17th St., N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

GRANVILLE T. HARRIS

3. (b) Social Security Number

228-22-0796

4. Sex..... Male
 5. Color or race..... Negro
 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... September 15, 1910
 8. AGE: Year..... 37 Month..... 37 Day..... 5 If less than one day..... hrs. min. 26

9. Birthplace..... Purcellville, Virginia
 (Town, county, and state)
 10. Usual occupation..... Truck Driver
 11. Industry or business.....

12. Name..... Emanuel Harris
 13. Birthplace..... ? Virginia
 14. Maiden name..... Bertha Briggs
 15. Birthplace..... ? Virginia

16. Informant..... Deceased
 Address.....

17. ~~removal~~ Date thereof..... Mar 12, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... Washington D.C.
 Location.....

18. Funeral director..... W. Ernest Jarvis Co
 Address..... 1432 - U St., N.W., Washington D.C.

19. Mar. 12 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 12th 1948, at 5:15 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30th 1948, to March 12 1948, and that I last saw him alive on March 12th 1948.
 Immediate cause of death.....

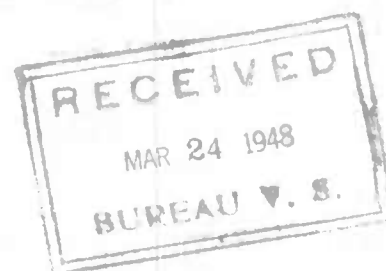
Pulmonary Tuberculosis
 Due to.....
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Fineman M.D.
 M. D. or other.....
 Address..... Glen Dale Md. Date signed..... 3-12-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03027

164C

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George's County
 City or town Cheverly, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Eleven Hours
 Hospital, institution, or street address where death occurred:
Prince George's General Hospital
 How long in hospital or institution? Eleven Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's
 City or town Rogers Heights
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5020 55th Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3.(a) FULL NAME

HAZEL LORRAINE HATCHER

3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Carl B. Hatcher
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) February 14, 1916
 8. AGE: Years 32 Months 0 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Washington, D. C.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Albert B. Hunter
 13. Birthplace Fairfax County, Virginia
 14. Maiden name Lois Ioven
 15. Birthplace Virginia

16. Informant Richard E. Bauer (Bro.-in-law)
 Address 5022 55th Ave., Rogers Hgts., Md.

17. Burial 3/10/48
 (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)
 Cemetery or crematory St. Mark's Cemetery
 Location Farmington, Va.

18. Funeral director W. W. CHAMBERS COMPANY
 Address 5801 Cleveland Ave., Riverdale, Md.

19. 3/10 48 Phyllis D. Duncanson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1948 at 1:10 a.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____,
 and that I last saw him _____ alive on _____ 19_____.
 Immediate cause of death _____
Hemorrhage and shock
Due to Guy shot wound head
Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide friend Date of 3-6-48
 Where did injury occur? Rogers Heights Pk. Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
shot self in head with 22 cal. round
Means of injury Keaput medical examiner
 23. SIGNATURE Phyllis D. Duncanson M. D. or other _____
 Address Therrell Date signed 3-7-48

RECEIVED

MAR 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Brentwood
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Brentwood
(If outside city or town limits, write RURAL and give nearest town)Street No. 3422 Tilden St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ANNIE ELMIRA HEWITT

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife David Hewitt

7. Birth date of

deceased (mo., day, yr.)

Sep. 26, 1880

6. (c) If alive, give age.....years

8. AGE:

Years 67

Months

Days

If less than one day

.....hrs.min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name Addison L. Smith

13. Birthplace Virginia

MOTHER

14. Maiden name Nellie Parsons

15. Birthplace Baltimore, Md.

18. Informant Charlotte Xander

Address 3422 Tilden St., Brentwood, Md.

17. Burial
(Burial, cremation, or removal, Which?)Date thereof Mar. 9, 1948
(month) (day) (year)

Cemetery or crematory

Fort Lincoln

Location Bladensburg Rd., D.C. line

16. Funeral director

Wm. J. Nalley

Address 3200 R.I. Ave., Mt. Rainier, Md.

19. 3/8 1948
(Date rec'd by registrar)

19. 48

Ananda Doney
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 6 1948, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 1946 to Mar. 6 1948
and that I last saw him alive on Feb. 15, 1948

Immediate cause of death

Hypertensive - arteriosclerotic
Heart Disease

DURATION

4 yrs +

Due to

Due to

Other conditions Diabetes Mellitus

2 yrs.

(Include pregnancy within 8 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. Greener, M.D.
Address Mt. Rainier, Md. Date signed 3-6-48

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN THE CITY OF BOSTON

STATE OF MASSACHUSETTS

DEATH INFORMATION

DEATH INFORMATION

RECEIVED
MAR 12 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03029

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George
City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day 23 hr. 38 min.
Hospital, institution, or street address where death occurred:
Prince George
How long in hospital or institution? 1 day 23 hour 38 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Hillside
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1302-59th Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Raymond Huston

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) July 23, 1912

8. AGE: Years 35 Months 8 Days 6 If less than one day..... hrs. min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business

12. Name Joseph Huston

13. Birthplace Wash. D.C.

14. Maiden name Pearl Gordon

15. Birthplace Ind.

16. Informant Mother

Address 1302-59th Ave. Hillside, Ind.

17. Burial Date thereof 3/20/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Int. Union

Location Wash. D.C.

18. Funeral director W. W. Chambers Co.

Address 511-11th St. S.E. Wash. D.C.

19. 3/18 1948 Amanda Dourney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1948 at 6:38 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1948 to March 17 1948 and that I last saw him alive on March 17 1948.

Immediate cause of death Acute Hepatitis DURATION 2 days?

Due to Cirrhosis (alcoholic) of liver

Due to Acute Hepatitis 2 days

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Brannin M. D.

Address Capitol Hill, Md. Date signed 3/22/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges
 City or town Seat Pleasant
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
7006-D Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Seat Pleasant
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7006-D Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Eva Belle Mary Hutson

3.(b) Social Security Number

579-26-9436

4. Sex female 5. Color or race white 6.(d) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife William Russell
Hutson 6.(c) If alive, give age 31 years
 7. Birth date of deceased (mo., day, yr.) November 15, 1919
 8. AGE: Years 28 Months 3 Days 18 If less than one day
28 hrs. 18 min.

9. Birthplace Seat Pleasant, Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home.

12. Name Maximilian Joseph Miniselli
 13. Birthplace Washington D.C.
 14. Maiden name Eva Belle Wadle
 15. Birthplace Phillipsburg, Pennsylvania

16. Informant Dr. Russell Hutson
 Address 7006-D St., Seat Pleasant Md.
 17. Burial Date thereof 3-6-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt Olivet Cemetery
Washington D.C.
 Location Francis J. Collins

18. Funeral director Francis J. Collins
 Address 3821-14th St. N.W. Wash. D.C.

19. March 3 1948 Carrie F. Campbell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1948 at 4:40 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 15 1945 to March 3 1948
 and that I last saw him alive on March 3 1948.
 Immediate cause of death Coronary Heart
Failure
 DURATION 14 hours
 Due to Cardio-vascular -
renal disease
 Due to Arteriosclerosis in 1938
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE William Brown M. D. Capital Heights, Md.
 Address Capital Heights, Md. Date signed 3/3/48

RECEIVED

MAR 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

03031

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Brentwood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Pr. Geo.

City or town Brentwood

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3600 - Varnum St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Marguerite Cecelia Johnson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Leonard A. Johnson

6. (c) If alive, give age 39 years

7. Birth date of

deceased (mo., day, yr.) May 19, 1910

8. AGE:

Years

Months

Days

If less than one day

37

hrs.

min.

9. Birthplace

Brentwood

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name Julius I. Gerhardt

13. Birthplace Germany

MOTHER

14. Maiden name Theresa Bischoff

15. Birthplace Germany

16. Informant Leonard A. Johnson

Address 3600 Varnum St., Brentwood, Md.

17. Burial

Date thereof March 19, 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory Fort Lincoln Cemetery

Location Colmar Manor, Md.

18. Funeral director

Wm J. Mallory

Address 3200 R.I. Ave., Mt. Rainier, Md.

19. March 18, 1948

James Severy

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 5, 1947, to March 16, 1948

and that I last saw him alive on March 16, 1948

Immediate cause of death

Carcinoma of left breast

DURATION

6 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma of left breast

Date of op. 1941

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. Louis Mendel, M.D.

M. D. or other

Address

College Park Road

Date signed 2/16/48

RECEIVED

MAR 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

03032

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr., 6 mos., 20 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution? 1 yr., 6 mos., 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County _____
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1724 - 6th St., N. W.
 (If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

HOMER V. JONES

3. (b) Social Security Number

579-01-2910

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Emma Jones

7. Birth date of deceased (mo., day, yr.) February 14, 1890
 6. (c) If alive, give age _____ years

8. AGE: Years 58 Months 58 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Atlanta, Georgia
(Town, county, and state)10. Usual occupation Janitor

11. Industry or business _____

12. Name Fred Jones13. Birthplace Atlanta, Georgia14. Maiden name Alma Castleberry15. Birthplace Atlanta, Georgia16. Informant Deceased

Address _____

17. Removal Date thereof 3/19/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____

Location To Washington, D. C.18. Funeral director W. Ernest Harris & SonAddress 1432 York St. N.W.

19. 3/19/48 19 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 18, 1948 at 8¹⁵ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUG. 26, 1946 to MARCH 18, 1948
 and that I last saw him alive on MARCH 18, 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 1 yr. 9 mo.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Daniel Leo Pinckney M.D. M. D. or other _____

Address Glenn Dale, Md. Date signed 3/18/48

RECEIVED

APR 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03033

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George's
City or town Farmington Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred:
1010 - 60th Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince George's
City or town Farmington Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1010 - 60 Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mildred Lucile Jones

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
8.(b) Name of husband or wife Willie Jones
9. Birth date of deceased (mo., day, yr.) June 2 1910
6.(c) If alive, give age years
8. AGE: Years 37 Months 9 Days 19 It less than one day hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1948 at 11:20 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1948 to March 21 1948 and that I last saw her alive on March 21 1948
Immediate cause of death Acute left ventricular heart failure
Due to Chronic Bronchitis 2 wh.
Due to Acute Bronchitis 2 wh.
Other conditions Acute Bronchitis 2 wh.
(Include pregnancy within 3 months of death)

9. Birthplace Washington, D.C.
(Town, county, and state)
10. Usual occupation Clerk
11. Industry or business U.S. Govt.
12. Name Edward C. Baram
13. Birthplace Remington, Va.
14. Maiden name Laura Robinson
15. Birthplace Grace Mills

16. Informant Grace Mills
Address 5034 - E. 8th St.

17. BURIAL Date thereof MARCH 24 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Fairview Cemetery
Location Washington, D.C.

18. Funeral director John F. Rhines & Co.
Address 901 - 3rd St., S. W.

19. Mar 22 1948 Carrie F. Campbell
(Date rec'd by registrar) Registrar

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. C. Beldan, M.D.
Address 11423 - 4th St. N.W. Date signed 3-21-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03034

Reg. Dist. No.

242

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

B. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

48

3/25

48

Mandak Burick

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar. 23

19

48

at

9

48

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9/30

19

47

to

3/23

19

48

and that I last saw him alive on

3/23

19

48

Immediate cause of death

Coronary thrombosis

DURATION

1 hour

Due to

Hypertensive heart disease

8 mos. (long)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Julia Kuffman, M.D.

M. D. or other

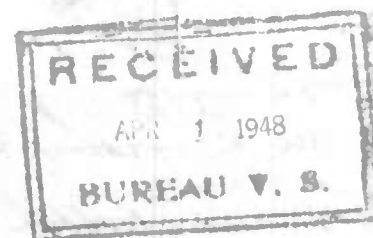
Address

5423 Glenridge Rd.

Date signed

3/24/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

APR 1 1948

BUREAU V. S.

RECEIVED

MAR 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03036

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Geo.
 City or town Forestville Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

CHARLES M

3. (b) Social Security Number

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. Geo.
 City or town Forestville Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife _____

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan. 18th 1876

8. AGE: Years _____ Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Pennsylvania
(Town, county, and state)10. Usual occupation Reporter11. Industry or business Labor News.12. Name Samuel E. Kelly13. Birthplace Pennsylvania14. Maiden name Annie Rager15. Birthplace Pennsylvania16. Informant William F. MervilleAddress 7019 Ga. ave N.W. Apt 40517. Burial Date thereof 3-18-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Altoona Pa.18. Funeral director W. W. Chambers Co.Address 517 11th St. S. E.19. Mar. 15 19 48 Carrie F. Campbell.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 19 48 at 10:30 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 19 46 to March 15 19 48and that I last saw him/her alive on March 15 19 48Immediate cause of death Carcinomaof ductum

DURATION

3 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William Brannin M. D. or otherAddress Capitol Heights Md. Date signed 3/15/48

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE: 3/17/48

FROM: [illegible]

SUBJECT: [illegible]

RE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

24. [illegible]

25. [illegible]

26. [illegible]

27. [illegible]

28. [illegible]

29. [illegible]

30. [illegible]

31. [illegible]

32. [illegible]

33. [illegible]

34. [illegible]

35. [illegible]

36. [illegible]

37. [illegible]

38. [illegible]

39. [illegible]

40. [illegible]

RECEIVED

MAR 17 1948

BUREAU V. S.

RECEIVED

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13102 03037 431

1. PLACE OF DEATH:

County Prince George'sCity or town Cheverly, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 minutesHospital, institution, or street address where death occurred:
Prince George's Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town E. Columbia Park Md
(If outside city or town limits, write RURAL and give nearest town)Street No. -
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

John Francis Kelly

3. (b) Social Security Number

none

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>single</u>
-----------------------	----------------------------------	---------------------------------------------------------------

6. (b) Name of husband or wife --7. Birth date of deceased (mo., day, yr.) August 26, 18838. AGE: Years 64 Months - Days - If less than one day - hrs. - min. -9. Birthplace Washington D. C.
(Town, county, and state)10. Usual occupation Retired Plumber

11. Industry or business

12. Name Thomas J. Kelly13. Birthplace Unknown14. Maiden name Mary Sullivan15. Birthplace Unknown16. Informant James NooneAddress E. Columbia Park Md.17. Burial Date thereof March 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Olivet
Washington D. C.

Location

18. Funeral director F. Gasch's SonsAddress Hyattsville Md.19. Mar 27 19 48 Edward Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1948 19 1;35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 - to 19 -and that I last saw h. - alive on 19 -Immediate cause of death Coronary heart failureDue to Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

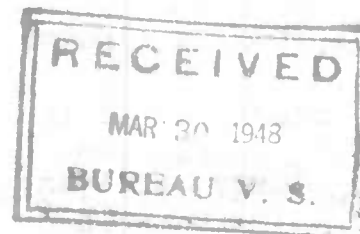
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James J. Downey M. D. or otherAddress Freshville Md Date signed 3-25-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges

City or town Mitchellville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death Permanent

Hospital institution, or street address where death occurred:
In a field

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Chensely
(If outside city or town limits, write RURAL and give nearest town)Street No. 3903-58th Street
(If rural, give LOCATION)

2.(a) If veteran, name war World War II

3. (a) FULL NAME

Paul Fulton Keys

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

August 4, 1924

8. AGE:

Years

Months

Days

If less than one day

23

hrs.

min.

9. Birthplace

Washington, DC
(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

University of Maryland

12. Name

Whitney S. Keys

13. Birthplace

Maryland

14. Maiden name

Madeline McElanough

15. Birthplace

Richmond, Va

16. Informant

Whitney S. Keys

Address

Chensely, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 3/23/48

Cemetery or crematory

Arlington Nat Cem.

Location

Arlington, Va

18. Funeral director

The S. N. Nix Co

Address

2901-14th St. N.W.

19. Mar. 21

1948

(Date rec'd by registrar)

Carrie T. Campbell

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 20, 1948, at 340 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death

Hemorrhage and shock

Due to

Multiple crushing injuries to the body

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Asphyxiation Date of 3-20-48

Where did injury occur? Mitchellville P. Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) In a field

Means of injury Plane crash Injured at work? Yes

Reported medical examiner Deputy Medical Examiner

23. SIGNATURE James P. V. D. or off

Address: Forestville, Md Date signed 3-21-48

RECEIVED

MAR 23 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

59-445-113-1

WS 445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

03039

Reg. Dist. No. 243

1. PLACE OF DEATH:
County..... Prince Georges
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 4 yrs., 10 mos., 23 days
Hospital, institution, or street address where death occurred:
..... Glenn Dale Sanatorium
How long in hospital or institution?..... 4 yrs., 10 mos., 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... D. C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3916 - Blaine St. N. E.
(If rural, give LOCATION)
2.(a) If veteran, name WAR.....

3. (a) FULL NAME
..... 2 MARMELSTEIN, FREDA

3. (b) Social Security Number

4. Sex..... Female
5. Color or race..... White
6. (a) Single, married, widowed, or divorced..... Widowed

6. (b) Name of husband or wife..... Harris Marmelstein

7. Birth date of deceased (mo., day, yr.)..... December 5, 1872
8. (c) If alive, give age..... years

8. AGE: Years..... 75 Months..... 3 Days..... 4
If less than one day..... hrs. min.

9. Birthplace..... Russia
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... - -

12. Name..... ? Gailberg

13. Birthplace..... Russia

14. Maiden name..... Unknown

15. Birthplace..... Russia

16. Informant..... Deceased

Address.....

17. Burial Date thereof..... 3/11/48.
(Month) (Day) (Year)

Cemetery or crematory..... Crowsfootgrad Cemetery

Location..... District of Columbia

18. Funeral director..... B. Darmmeyer & Son

Address..... 3501-14th St N.W.

19. 3/10 48. Rowland S. Phillips
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 9, 1948, 9³⁰ p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/14 1943 to 3/9 1948 and that I last saw him alive on 3/9 1948

Immediate cause of death..... pulmonary tuberculosis DURATION 6 1/2 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy result.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

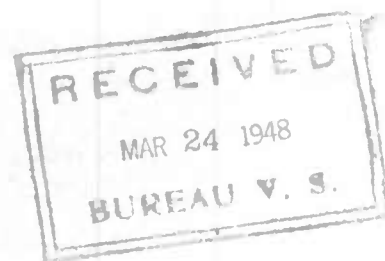
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Manner of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinicane M.D.

Address..... Glenn Dale, Md. Date signed..... 3/9/48



RECEIVED

MAR 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03040

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George
 City or town Cherryville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month - 12 days
 Hospital, institution, or street address where death occurred:
Prince George
 How long in hospital or institution? 1 month - 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George
 City or town Mt. Rainier
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4013-29th St Mt. Rainier
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

David McCallum

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male white married

6.(b) Name of husband or wife Debra McCallum

7. Birth date of deceased (mo., day, yr.) July 9, 1974 6.(c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
7 3 8 3 hrs. min.

9. Birthplace Canada
 (Town, county, and state)

10. Usual occupation carpenter

11. Industry or business

12. Name William L. McCallum

13. Birthplace Canada

14. Maiden name Jeannette Merrill

15. Birthplace Canada

16. Informant W. L. C.

Address 4013-29th St. Mt. Rainier Md.

17. Burial Date thereof 3/15/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Evergreen Cemetery

Location Bladensburg Md

18. Funeral director F. Gracke son

Address Hyattsville Md

19. 3/16 19 48 Wanda Downey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 19 48 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 19 48 to March 13 19 48

and that I last saw him alive on March 11 19 48

Immediate cause of death quite Coronary DURATION 1 MO
Thromboses with

myocardial decompensation

Due to chronic myocarditis 2 MO

arteriosclerosis

Other conditions infarction of unknown
lungs, spleen & kidneys
 (Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results See above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederick Van Dyke M. D. 3-13-48

Address Washington DC Date signed

MARGIN RESERVED FOR BINDING

VS-A15 9-45-5M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03041

Reg. Diat. No. 245

1. PLACE OF DEATH:

County Prince George's
 City or town Hyattsville Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Wk.
 Hospital, institution, or street address where death occurred:
4003 Kennedy St
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Va. County Spartanburg
 City or town Andover
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Pennsylvania
 (If rural, give LOCATION)
 2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Ennis Taylor Mills

3. (b) Social Security Number

227-16-2171

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOWER

6. (b) Name of husband or wife

Dec 27 - 1877

7. Birth date of

deceased (mo., day, yr.)

Dec 27 - 1877

6. (c) If alive, give age

years

8. AGE:

Years

70

Months

2

Days

6

If less than one day

hrs.

9. Birthplace

Andover Va

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Alexander Mills

12. Name

13. Birthplace

Andover Va

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

B. C. Mills

Address

4003 Kennedy St

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

Mar 6 1948

(month) (day) (year)

Cemetery or crematory

City Cem. Andover Va

Location

Andover Va

18. Funeral director

T. J. Archer Sons

Address

Hyattsville Md

19. (Date rec'd by registrar)

Mar 40

1948

Mrs. Jas. Severe

Deputy Registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 4 1948 at 12:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 23 1948 to March 4 1948

and that I last saw him alive on March 3 1948

Immediate cause of death

Carcinoma of Lung

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. S. Williams, M. D.

M. D. or other

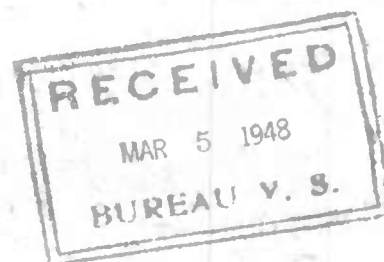
Address

25 New York Ave. N.W.

Date signed

3/4/48

DURATION
 December
 1947
 diagnosis
 was made.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George'sCity or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 hours

Hospital, institution, or street address where death occurred:

Prince George's General HospitalHow long in hospital or institution? 19 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty Prince George'sCity or town Capital Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No. No fixed

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Henry Clay Morris

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife

Annie Morris

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age..... years

7/6/1871

8. AGE:

Years

Months

Days

If less than one day

76

.....hrs.min.

9. Birthplace

Washington D.C.

(Town, county, and state)

10. Usual occupation

Painter

11. Industry or business

FATHER

12. Name

Robert A. Morris

13. Birthplace

Ireland

MOTHER

14. Maiden name

Emma Orrell

15. Birthplace

Baltimore Md

16. Informant

Elizabeth Morris

Address

Churchton Md

17.

Burial

Date thereof

Mar 24, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Evergreen

Location

Bladensburg Md.

18. Funeral director

E. Pasch's sons

Address

Hyattsville Md

19.

3/24/48

(Date rec'd by registrar)

Ananda Sen

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1948 at 9:20 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to19.....

and that I last saw him..... alive on19.....

Immediate cause of death

Congestive heart failure

DURATION

Due to Cardiovascular renal disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results

Autopsied

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Deputy Medical Examiner

23. SIGNATURE

James L. V. Forestville, Md.

Address

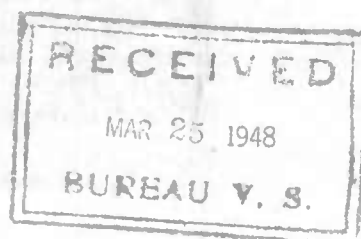
Date signed

3/23/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAR 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03043

CERTIFICATE OF DEATH

Reg. Dist. No.

245

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

19. 48, at 9:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

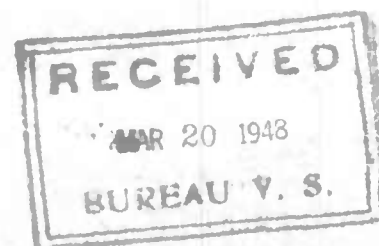
Date signed

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAR 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03044

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 611 Third Street, N. W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... ✓

3. (a) FULL NAME

CLAUDIUS. MOTEN

3. (b) Social Security Number

577-03-3550

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Louise Moten
 6. (c) If alive, give age 28 years
 7. Birth date of deceased (mo., day, yr.) June 15, 1913
 8. AGE: Years Months Days If less than one day
 34 34 8 21hrs.min.

9. Birthplace Washington, D. C.
 (Town, county, and state)
 10. Usual occupation Chauffeur
 11. Industry or business ---
 12. Name William Moten
 13. Birthplace Middleburg, Virginia
 14. Maiden name Bertha Carroll
 15. Birthplace Washington, D. C.
 16. Informant Deceased

Address
 17. Removal Date thereof Mar 7, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory
 Location to Washington, D. C.
 18. Funeral director John T. Rhines & Co.
 Address 900 - 3rd Street, S. W.
 19. Mar 7, 1948 Bowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7th 1948, at 12:20 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13th 1948 to March 7th 1948
 and that I last saw him alive on March 7th 1948

Immediate cause of death Pulmonary Tuberculosis
 DURATION 6 mos
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Daniel Leo Pineano M.D.
 M. D. or other
 Address Glenn Dale, Md. Date signed 3/7/48

RECEIVED

MAR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince George Co.City or town Lanham, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Wannew Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Fulton, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Joan Yvonne Myers

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

None

7. Birth date of

deceased (mo., day, yr.)

Dec. 1, 1934

8. AGE:

Years

Months

Days

If less than one day

13314

hrs.

min.

9. Birthplace

Guilford Howard Co., Md.

(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

Public School

12. Name

August J. Myers

13. Birthplace

Ellicott City, Md.

14. Maiden name

Sylvia H. Davis

15. Birthplace

Fort Lyberty West Va.

10. Informant

Mrs. August J. Myers

Address

Fulton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Mar. 17, 1948
(month) (day) (year)

Cemetery or crematory

St. John's Lutheran Ch.

Location

Pfeiffer's Corner

18. Funeral director

Estor's Sons

Address

Ellicott City, Md.

19. Mar. 15

(Date rec'd by registrar)

1948

M. Brashears

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1948 at 6:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 13 1947 to March 14 1948and that I last saw h. et alive on March 14 1948

Immediate cause of death

Subacute Bacterial Endocarditis

DURATION

3 weeks

Due to

Rheumatic Heart Disease 5 years

Due to

Rheumatic Fever 5 years

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Stephens, M.D.

M. D. or other

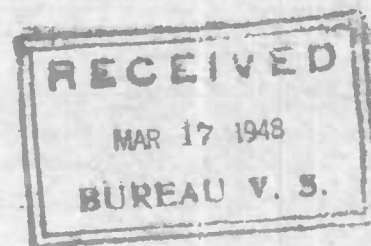
Address

Lanham, Md.Date signed 3/14/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03046

Reg. Dist. No.

239

1. PLACE OF DEATH:

County PRINCE GEORGECity or town LAUREL
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County PRINCE GEORGECity or town LAUREL
(If outside city or town limits, write RURAL and give nearest town)Street No. 1101 MONTGOMERY AVE
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

ELLERY LESTER O'BRIEN

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (c) Single, married, widowed, or divorced

single

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 19 45 at 5:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Aug 1 19 40 to March 29 19 45
and that I last saw him alive on March 29 19 45Immediate cause of death chronic myocarditis

DURATION

8 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert S. McCreary Jr. M. D. or otherAddress Laurel Md Date signed 3/29/45

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20, 18918. AGE: Years 56 Months 7 Days 9 If less than one day
hrs. min.9. Birthplace LAUREL, PRINCE GEORGE, MARYLAND
(Town, county, and state)10. Usual occupation Mutual Clerk - RACE TRACK

11. Industry or business

12. Name JOHN W. O'BRIEN13. Birthplace LAUREL, Md14. Maiden name MARY SULLIVAN15. Birthplace LAUREL, Md.16. Informant Mrs. C. O'BRIENAddress 1101 MONTGOMERY AVE17. Burial Date thereof March 29, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dry Hill CemeteryLocation Laurel, Md.18. Funeral director J. Arthur WaltersAddress 565 Washington Blvd, LAUREL, Md19. Mar 29 19 45 M. P. B. B. B.
(Date rec'd by registrar) Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 31 1948

BUREAU V. S.

Evidence for
change of age
shown on M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03047

CERTIFICATE OF DEATH

Reg. Dist. No. 242

FILM No. G 114 MAR 22 1948

1. PLACE OF DEATH:

County Pr. Geo Co

City or town Seat Pleasant Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Mths

Hospital, institution, or street address where death occurred:

5801 - Addison Rd SE

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. Geo Co

City or town Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5801 - Addison Rd SE
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Carroll McVey Oldham

3. (b) Social Security Number

717 07 8528

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife Unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17 1879

8. AGE: Years 68 69 Months Days If less than one day hrs. min.

9. Birthplace Calvert Cecil Co. Maryland
(Town, county, and state)

10. Usual occupation Retired Locomotive Engineer

11. Industry or business

12. Name Lewis Cass Oldham

13. Birthplace Unknown

14. Maiden name Mary McVey

15. Birthplace Unknown

16. Informant Records of deceased

Address 5801 - Addison Rd SE

17. Burial Date thereof March 10 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkwood Cemetery

Location Baltimore Md

18. Funeral director W W Chambers Co

Address 517 11th St. S.E.

19. Mar. 7 1948 Corri F. Campbell.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1948 at 4:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 3 1948 to March 7 1948

and that I last saw him alive on March 3 1948

Immediate cause of death

Congestive Heart Failure

DURATION

3 weeks

Due to arteriosclerotic heart disease

2 years (7)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Suit Ritchie M D
6906 Ritchie Rd SE
Wash. D.C.

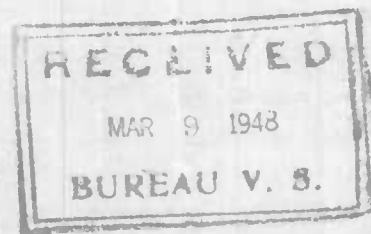
M. D. or other

Address Date signed 3/7/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAR 9 1948

BUREAU V. S.

Evidence for change of age

and addition of parents'

names and birthplaces shownon:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03048

FILM No. G 115 APR 14 1948 CERTIFICATE OF DEATH

Reg. Dist. No.

231

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Prince George's Gen. Hospital, Cheverly, Md.

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Prince Georges

City or town..... Riverdale

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4901 Sheridan St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Albert Painter, Sr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

April 1, 1978

8. AGE:

Years

Months

Days

If less than one day

69

70

11

2

hrs.

min.

9. Birthplace.....

Va.

(Town, county, and state)

10. Usual occupation.....

Retired

11. Industry or business.....

MOTHER FATHER

12. Name.....

Albert Lee Painter

13. Birthplace.....

Edinburg, Va.

14. Maiden name.....

Rebecca Adelaide Lindawood

15. Birthplace.....

Edinburg, Va.

16. Informant.....

Hospital Records

Address.....

Removal

17.

(Burial, cremation, or removal, Which?)

Date thereof.....

3/3-48

(month) (day) (year)

Cemetery or crematory.....

Location.....

Purcellville, Va.

18. Funeral director.....

Address.....

For F Burch's Son
3034 M. St. N. W. Washington

19.

(Date rec'd by registrar)

19. 48

Amanda Durney

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

3/3

19. 48

at 1:53 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/1

19. 48

3/3

19. 48

and that I last saw him alive on

3/3/48

Immediate cause of death.....

Competitive heart failure

DURATION

18 hrs

Due to.....

Coronary arteriosclerosis
heart dis

18 hrs

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Aaron Dery / M.D.

M. D. or other

Address.....

4314 S. ...

Date signed.....

3/3/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03049

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Cherry
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 hours

Hospital, institution, or street address where death occurred:

Prince Georges General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Mid Rainier
(If outside city or town limits, write RURAL and give nearest town)Street No. 3702 - Webster
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Joseph Clark Pingleton

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Oct. 28, 1942

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Washington, D.C.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1948, at 11:5 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

Shock

Due to

universal burn of the body

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

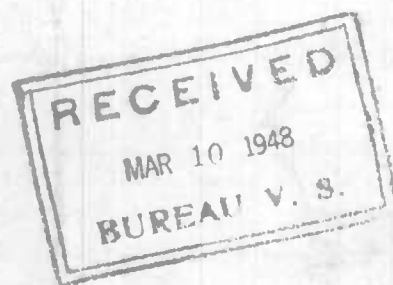
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3-6-48Where did injury occur? Mid Rainier (City or town) (County) (State)Injured at home, farm, industry, public place Raywood Drive and Rainier AveMeans of injury Scalded Injured at work?23. SIGNATURE Deputy Medical ExaminerAddress Forestall (City or town) (County) (State)Date signed 3-7-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03051

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges
City or town Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years
Hospital, institution, or street address where death occurred:
6484 Walker Mill Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince Georges

City or town Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6484 Walker Mill Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Radtke

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Elsie M. Radtke

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 18, 1902

8. AGE: Years 41 Months Days If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Tobacco

11. Industry or business

12. Name Albert Radtke

13. Birthplace Germany

14. Maiden name Emilia Stach

15. Birthplace Maryland

16. Informant Charles Radtke

Address 6760 Walker Mill Rd

17. Burial Date thereof March 16, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Episcopal Church

Location 4 Maple Ave

18. Funeral director W. J. Chambers & Co

Address 517 11th St. S.E.

19. March 13, 1948 Carrie F. Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1948 at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death Acute congested heart failure

Due to Chronic alcoholism

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Deputy medical examiner

23. SIGNATURE James J. V. Ford
M. J. Forester

Address Forestville Md Date signed 3-13-48

MARGIN RESERVED FOR BINDING

VS A15 9445-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03050

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince George's
 City or town Ammendale
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 1/2 years
 Hospital, institution, or street address where death occurred:
Ammendale General Institute
 How long in hospital or institution? 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George's
 City or town Ammendale
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Bethaill PO
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Brother Gerald Leonard (Martin Ring)

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 25, 1882 6.(c) If alive, give age ✓ years

8. AGE: Years 65 Months 11 Days 30 If less than one day ✓ hrs. ✓ min.

9. Birthplace Clashduff Castlebar, Ireland
 (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

12. Name Joseph Ring

13. Birthplace Kilkenny, Ireland

14. Maiden name Brennan

15. Birthplace Ballycroy, Ireland

16. Informant Brother James

Address Ammendale, Md

17. Burial Date thereof Mar 29, 48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Christians Brothers, Ammendale, Md

Location St. J. Chambers Co.

18. Funeral director St. J. Chambers Co.

Address 5801 Cleveland Ave, Riverdale, Md

19. March 29th 19 48

(Date rec'd by registrar) Registrar John D. Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 24 19 48 at 5:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 23 19 48, to 3 24 19 48

and that I last saw him alive on 3 23 19 48

Immediate cause of death Myocardial Failure DURATION 1 day

Due to intestinal hemorrhage 2 days

Due to hypertension 5 yrs

Other conditions cardinal arteriosclerosis 5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations ✓ Date of op. ✓

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE B. P. Smith M. D. or other ✓

Address Bethaill Md Date signed 3 24 48

Handwritten notes, possibly a list or index, including numbers and names, mostly illegible due to fading and bleed-through.

RECEIVED
MAR 26 1948
BUREAU V. S.

Handwritten notes at the bottom left, including the name "Mr. [illegible]" and other illegible text.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 03052
 Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Carle Hills
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Permanent
 Hospital, institution, or street address where death occurred:
In front of 1506 Southern Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State DC County Washington
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4408 - First Place NE
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Emanuel Roy Roffel

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Sarah Roffel

7. Birth date of deceased (mo., day, yr.) Oct 9, 1917 8. (c) If alive, give age 29 years

8. AGE: Years 30 Months 4 Days 26 If less than one day
 hrs. min.

9. Birthplace Virginia
 Town, county, and state10. Usual occupation Accountant11. Industry or business Public12. Name Louis D Roffel13. Birthplace Russian14. Maiden name Rose Lipschutz15. Birthplace Russian16. Informant Abraham M. KaufmanAddress 4907 - 9 St., Bradbury Hts., Wash. DC17. Removal Date thereof 3/5/48
 (Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory RemovalLocation B. Danzansky & Son
 Address 3501 - 14th St. NW, Wash. DC
3/5 48 Ana Deery
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1948 at 1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 to 19
 and that I last saw him alive on 19

Immediate cause of death Acute congestive heart failure
 Due to Chronic heart disease
 Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Reputable medical examiner23. SIGNATURE James D. ... M.D. orAddress Frederick ... Date signed 3-5-48

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

173

03053

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George's
 City or town Mt. Airy
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death 10 minutes
 Hospital, institution, or street address where death occurred:
In a field

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Columbia
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 4113-13th St. N.E.
 (If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (a) FULL NAME

Francis Gibson Ropp (Ropp)

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Julie Ropp

7. Birth date of deceased (mo., day, yr.)

Oct 12, 19206. (c) If alive, give age 24 years

8. AGE:

Years

Months

Days

If less than one day

27

hrs. min.

9. Birthplace

Washington, D.C.
(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

Internal Revenue

FATHER

12. Name

James Gibson Ropp

13. Birthplace

Pennsylvania

MOTHER

14. Maiden name

Anna Marie Mc Carthy

15. Birthplace

Washington D.C.

16. Informant

George P. Ellis

Address

1029 Vermont Ave. NW, Wash. D.C.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan 24, 1948
(month) (day) (year)

Cemetery or crematory

Washington National

Location

Washington, D.C.

19. Funeral director

Address

300 1st St. N.E.

19.

Mar. 22
(Date rec'd by registrar)19. 48Edward L. Collins
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1948, at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to19.....

and that I last saw him alive on19.....

Immediate cause of death

Hemorrhage and shockDue to multiple crushing injuries to the body

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3-20-48Where did injury occur? Mt. Airy P.D. (City or town) Prince George's (County) MD (State)Injured at home, farm, industry, public place (where?) In a fieldMeans of injury Plane crash Injured at work? yesReport medical examiner

23. SIGNATURE

James J. Smith
Address Freestonville Md Date signed 3-22-48

RECEIVED

MAR 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03054

CERTIFICATE OF DEATH

1700

BC

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince George's
City or town Cherry
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 hrs 20 min
Hospital, institution, or street address where death occurred:
Prince George's General Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Baltimore City
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1407 - Longwood Street
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME

Mary Virginia Ryan RTAN

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 28, 1915 6. (c) If alive, give age..... years

8. AGE: Years 32 Months 9 Days 0 If less than one day..... hrs. min.

9. Birthplace Baltimore, Md
(Town, county, and State)

10. Usual occupation Stenographer

11. Industry or business

12. Name Bryon H. Ryan

13. Birthplace Salem, Virginia

14. Maiden name Cleopatra Gregory

15. Birthplace Parkersburg, W. Va

16. Informant Bryon G. Ryan

Address Cleveland, Ohio

17. Burial Date thereof 4/1/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cathedral Cem.

Location Baltimore City

18. Funeral director C. Vernon Lemmon

Address 4611 Park Heights - Balto. City

19. March 29, 1948 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1948 at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19..... and that I last saw him..... alive on..... 19.....

Immediate cause of death Nonhemorrhage and shock DURATION

Due to Intra cranial hemorrhage

Due to Fracture of base of skull

Other conditions Fracture of right femur

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3-28-48

Where did injury occur intentionally P.S. Hall (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Room 301

Means of injury gun in automobile Injured at work? no

legally medical Examiner

23. SIGNATURE Mary Virginia Ryan M. D. or other

Address Baltimore Md Date signed 3-28-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

306 E. 428.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of color and marital status shown on!

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03055

FILM No. G 114 APR 2 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH:

County... PRINCE GEORGES
City or town... CAPITAL HGT'S
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

800-49TH AVE

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MARYLAND County... PRINCE GEORGE

City or town... CAPITAL HEIGHTS
(If outside city or town limits, write RURAL and give nearest town)

Street No. 800 49TH AVE
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

CECELIA

SANTOPOLO

3. (b) Social Security Number

4. Sex 12 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife ROEFERLE

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) MAY 3, 1889

8. AGE: Years 58 Months Days It less than one day hrs. min.

9. Birthplace ITALY
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name CHRIS PARISE

13. Birthplace ITALY

14. Maiden name PHILOMENA

15. Birthplace ITALY

16. Informant MRS MARGARET PRONTO

Address 1174 18TH NW WASH.

17. Burial (Burial, cremation, or removal. Which?) Date thereof MAR-29-1948
(month) (day) (year)

Cemetery or crematory CEDAR HILL

Location SUTCLIFF MARYLAND

18. Funeral director

Address 1756 Penn Ave. N.W.

19. Date rec'd by registrar MAR 24 1948 Registrar Carrie F. Campbell

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1948 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1947 to March 24 1948 and that I last saw him alive on March 24 1948

Immediate cause of death Bronchopneumonia

DURATION

1 day

Due to Generalized edema - pleural effusion, anasarca

1 yr

Due to Myocardial insufficiency

2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur Harris MD

M. D. or other

Address 1714 R.I. NW Date signed 3/24/48

RECEIVED

MAR 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03056

243

1. PLACE OF DEATH:

County..... Prince Georges
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 2 yrs., 11 mos., 23 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution?..... 2 yrs., 11 mos., 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... D. C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 1315 1/2 B., N. E.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Isaac Sarvis

3. (b) Social Security Number

578-03-2395

4. Sex..... Male
5. Color or race..... Negro
6. (a) Single, married, widowed, or divorced..... Married

6. (b) Name of husband or wife..... Lacy Sarvis
6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) June 2, 1902
8. AGE: Years Months Days If less than one day
45 45 9 16 hrs. min.

9. Birthplace..... Conway, South Carolina
(Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business.....

FATHER 12. Name..... Isaac Sarvis
13. Birthplace..... Conway, South Carolina

MOTHER 14. Maiden name..... Rise Doro
15. Birthplace..... Conway, South Carolina

18. Informant..... Deceased

Address.....
11. Removal Date thereof..... 3 19 48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....
Location..... to Washington, D. C.

18. Funeral director..... W. Consett Harris Co. 34
Address..... 1432 - 24th St N.W.
3/19/48 Rowland S. Phillips

19. (Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 3/18 19 48 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/23 19 45 to 3/18 19 48 and that I last saw him alive on 3/18 19 48

Immediate cause of death..... Pulmonary Tuberculosis

DURATION
3 yrs - 3 mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinckard MD
M. D. or other

Address..... Glenn Dale, MD Date signed 3/18/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-13M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 1 1948

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03057

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George
 City or town Hyattsville Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred
Prince George General Hospital
 How long in hospital or institution? D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD. County PRINCE GEORGE
 City or town Hyattsville Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5718 Crittenden St
 (If rural, give LOCATION)
 2.(a) If veteran, name war NONE

3. (a) FULL NAME

ALVIN MARSHALL SAUL

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MALE WHITE SINGLE

6. (b) Name of husband or wife

6. (c) If alive, give age _____ Years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1932

8. AGE: Years 16 Months Days If less than one day _____ hrs. _____ min.

9. Birthplace Washington D.C.
(City, county, and state)

10. Usual occupation Student

11. Industry or business None

12. Name Charles Alvin Saul

13. Birthplace Wash D.C.

14. Maiden name Goldie Marshall

15. Birthplace Va.

16. Informant Charles Saul

Address 5718 Crittenden St Hyattsville Md.

17. Burial Date thereof 3-16-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ft Lincoln

Location Eastern Ave Balto Md West 23

18. Funeral director W W Chambers Co

Address 5801 Cleveland Ave Riverdale Md

19. 3/14 1948 Amanda Deuney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1948 at 2 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11 Jan 1948 to 12 March 1948
and that I last saw him alive on 11 Mar 1948Immediate cause of death Acute Myocarditis
& congestive failure

Due to Hypertension, Grand mal

Due to

Other conditions Polio myelitis, Asplenia

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

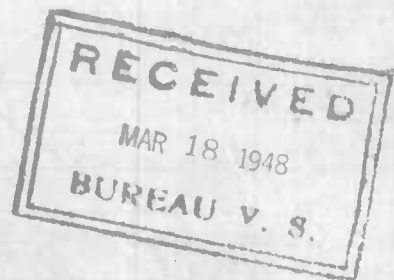
23. SIGNATURE

Address 208 Md Ave N.E. Date signed 13 Mar 48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Death reported to Coroner (Dr. Boyd)
who approved signing certificate

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03058

FILM No. G 114 MAR 19 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George's
City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 days
Hospital, institution, or street address where death occurred:
Prince George's General Hospital
How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George's
City or town Avondale
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4972 Russell Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mary Loretta Saurier

3. (b) Social Security Number

4. Sex Female 5. Color or race w. 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Nelson J. Saurier
7. Birth date of deceased (mo., day, yr.) June 19, 1899
8. AGE: Years 48 Months 11 Days 13 If less than one day
hrs. min.

9. Birthplace Mass.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name Patrick Brennan
13. Birthplace England
14. Maiden name Mary Mulvey
15. Birthplace Mass.

16. Informant Husband
Address 4972 Russell Ave. Avondale Md.
17. Memorial Date thereof Mar 2, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory St. Ann's
Location Rhode Island (Providence)
18. Funeral director Hysong Funeral Home
Address Washington D.C.
19. 3/2 48 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1948 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19....., to....., 19.....
and that I last saw him..... alive on....., 19.....

Immediate cause of death Carcinoma of sigmoid with metastases
DURATION 1 yr +

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John M. Grossgren MD
M. D. or other
Address Mt. Rainier, Md. Date signed 3-2-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03059

Reg. Dist. No.

245

1. PLACE OF DEATH:

County Prince Georges
 City or town Riverdale Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 1/2 hrs.
 Hospital, institution, or street address where death occurred:

Selander Memorial Hospital
 How long in hospital or institution? 12 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery
 City or town Jaboma Park
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 211 Elm Ave.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Rufus Moody Shenk

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mrs Anna C. Shenk

7. Birth date of deceased (mo., day, yr.) Jan. 28-1885 6. (c) If alive, give age 63 years

8. AGE: Years 63 Months 1 Days 24 If less than one day hrs. min.

9. Birthplace Va.
 (Town, county, and state)

10. Usual occupation Landscape architect

11. Industry or business for himself

12. Name Shenk

13. Birthplace Va

14. Maiden name Florence Johnson

15. Birthplace Va

16. Informant Mrs Lema Hanna (daughter)

Address 26 Kennedy St. N.E.

17. Burial (Burial, cremation, or removal, Which?) Date thereof March 23 1948 (month) (day) (year)

Cemetery or crematory National Capital

Location Windsor Md.

18. Funeral director J. Arthur Walters

Address 254 Carroll St. N.W., D.C.

19. March 23 1948 (Date rec'd by registrar) Mrs. Jas. Severel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1948 at 12 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 1948 to March 23 1948 and that I last saw him alive on March 22 1948

Immediate cause of death Cerebral hemorrhage DURATION 24 hrs

Due to arteriosclerotic heart disease 24 hrs. +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Dr. Boyd not performed Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

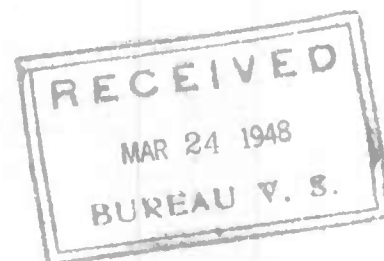
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE St. G. Schaffnerberg, M.D. M. D. or other

Address 4404 Zuercher Rd. Rockville Md Date signed 3-23-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

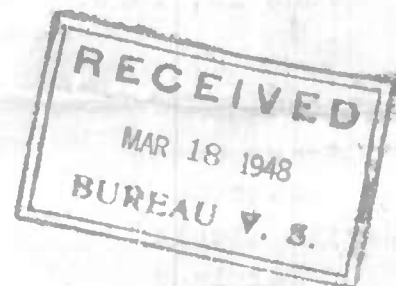
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03060

Reg. Dist. No. 242

1. PLACE OF DEATH: County <u>Prince Georges County</u> City or town <u>Seabrook Md</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Prince Georges</u> City or town <u>Seabrook Md</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME <u>Richard Henry Steele</u>				3. (b) Social Security Number <u>218-20-1063</u>			
4. Sex <u>male</u>		5. Color or race <u>white</u>		6. (a) Single, married, widowed, or divorced <u>married</u>			
6. (b) Name of husband or wife <u>Margery Steele</u>				6. (c) If alive, give age <u>34</u> years			
7. Birth date of deceased (mo., day, yr.) <u>June 12, 1910.</u>							
8. AGE: Years <u>38</u>		Months		Days			
				If less than one day			
				hrs. min.			
9. Birthplace <u>Maryland</u> (Town, county, and state)							
10. Usual occupation <u>Garage Owner</u>							
11. Industry or business <u>Seabrook Md</u>							
FATHER 12. Name <u>Martin Steele</u>							
13. Birthplace <u>Maryland</u>							
MOTHER 14. Maiden name <u>Linda Aringdale</u>							
15. Birthplace <u>Maryland</u>							
16. Informant <u>Margery Steele</u> Address <u>Seabrook Maryland</u>							
17. Burial Date thereof <u>March 18, 1948</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>rt. Lincoln Cemetery</u> Location <u>Washington D. C.</u>							
18. Funeral director <u>F. Gasch's Sons</u> Address <u>Hyattsville Md.</u>							
19. 3-15 19 <u>48</u> <u>Mrs Jack Bennett</u> (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>March 15,</u> 19 <u>48</u> at <u>1:30 A.</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July</u> 19 <u>47</u> to <u>Nov. 15</u> 19 <u>48</u> and that I last saw him alive on <u>March 15</u> 19 <u>48</u> Immediate cause of death <u>Glioma Brain</u> DURATION <u>1 1/2 yrs</u> Due to Due to Other conditions (Include pregnancy within 8 months of death) Major findings of operations <u>Glioma Brain</u> Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE <u>Dayton O Watkins Md</u> Address <u>5306 Annapolis Rd</u> M. D. or other <u>3-15-48</u> Date signed							



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Pr. George
 City or town Hillside
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 years
 Hospital, institution, or other address where death occurred:
1111 - 60th Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Pr. Geo
 City or town Hillside Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1111 - 60th Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Anna Mae Stokes

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife William B. Stokes 6. (c) If alive, give age 48 years
 7. Birth date of deceased (mo., day, yr.) Jan 24 1907
 8. AGE: Year 41 Month 1 Day 1 If less than one day hrs. min.

9. Birthplace Washington D.C.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business
 12. Name Clarence Henry
 13. Birthplace Maryland
 14. Maiden name Senal Port
 15. Birthplace Washington D.C.

16. Informant Wm B. Stokes
 Address 1111 - 60th Ave Hillside Md
 17. Burial Date thereof Mar. 16-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Wash. Natl Cemetery
 Location Shutland Md.

19. Funeral director W. W. Chambers Co.
 Address 517-11th St. SE.

19. Mar. 14 1948 Carrie F. Campbell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1948 at 5:15 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 26 1948 to March 14 1948
 and that I last saw him alive on Mar 9 1948

Immediate cause of death Cor. ar. de compensation DURATION 12 hours

Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Autopsy results Addison's disease
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, pub'c place (where?)
 Means of injury Injured at work?

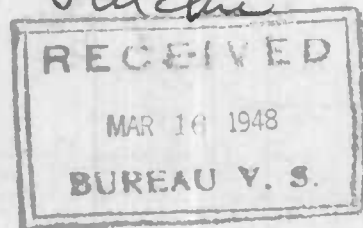
23. SIGNATURE W. Smit-Pitcher M. D. or other
 Address 6906 Balch Road SE Date signed March 14 1948
Wash DC

This is a Tentative

Certificate pending
autopsy.

Dr. Boyd P. Des Co. Coroner
has given permission to
remove body to funeral director
for autopsy

W. S. Pulcher



"We have rec'd info
that an autopsy was
performed -
What were the
results?"

March 14, 1948

This is the report from the doctors on the autopsy.

Cardiac decompensation - Heart failure due
to Addison's Disease 1 year?

A.D.?

Mrs C. Campbell

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03062

Reg. Dist. No.

245

1. PLACE OF DEATH:

County Prince George's County
 City or town Prince George's, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Dec. 16, 1947
 Hospital, institution, or street address where death occurred:
4408 Lumsden Rd. Prince George's, Md.
 How long in hospital or institution? Deland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George's
 City or town Hyattsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5508 Emerson St.
 (If rural, give LOCATION)
 2. (a) If veteran, name War _____

3. (a) FULL NAME

Lewis Henry Thomas

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. Single, married, widowed, or divorced

Married - wife living

6. (b) Name of husband or wife

Drucilla Brown Wells Thomas

7. Birth date of deceased (mo., day, yr.)

June 18, 1866

6. (c) If alive, give age

74 years

8. AGE:

Years

Months

Days

If less than one day

81918— hrs. — min.

9. Birthplace

Smithers, Md. Maryland

(Town, county, and state)

10. Usual occupation

Retired Railroad Man - B & O

11. Industry or business

FATHER

MOTHER

12. Name

Jonathan L. Thomas

13. Birthplace

Not known

14. Maiden name

Rebecca Ann Hatfield Thomas

15. Birthplace

Not known

16. Informant

Mark L. Thomas (Son)

Address

5508 Emerson St. Hyattsville

17.

Burial

Date thereof

3-15-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Springfield Cent.

Location

Hyattsville, Md.

18. Funeral director

Harry Weer

Address

Hyattsville, Md.

19.

Mar. 12, 1948

(Date rec'd by registrar)

Mrs. J. J. GervaseDeputy Social

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar 12, 1948 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19, 47 to Mar 12, 1948and that I last saw him alive on Mar 12, 1948

Immediate cause of death

Basal Cell Carcinomaof face withmetastases for1 year

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L. W. Malin, M.D.

M. D. of other

Address

Prince George's, Md.Date signed 3-12-48

RECEIVED

MAR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03063

Reg. Dist. No.

239

1. PLACE OF DEATH:

County Prince George'sCity or town Laurel
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yearsHospital, institution, or street address where death occurred:
Montgomery RoadHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. George'sCity or town Laurel
(If outside city or town limits, write RURAL and give nearest town)Street No. Montgomery Road
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

Frank Bernard Sharpe

3. (b) Social Security Number

216-05-2000

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Maudie E. Sharpe6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.)

October 17, 1879

8. AGE:

Years

Months

Days

If less than one day

6855

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

retired

11. Industry or business

MOTHER FATHER

12. Name

Smith Henry Sharpe

13. Birthplace

Virginia

14. Maiden name

Phelophe Elizabeth Strabo

15. Birthplace

Virginia

16. Informant

William J. Fia

Address

Alexandria, Virginia

17.

(Burial, cremation, or removal, Which?)

Date thereof

Mar. 24, 1948
(month) (day) (year)

Cemetery or crematory

Long Hill Cemetery

Location

Laurel, Maryland

18. Funeral director

Dr. W. H. Donaldson

Address

Laurel, MarylandMar 24
(Date rec'd by registrar)

19.

48 M. Brashear
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 24 1948 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1 1948 to March 24 1948and that I last saw him alive on March 21 1948

Immediate cause of death

Carcinoma of Esophagus

DURATION

8 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert S. McHenry Jr.

M. D. or other

Address

Laurel, Md.

Date signed

3/24/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 26 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03064

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
City or town Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County _____
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1743 Corcoran St., N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

PHILIP R. TWYMAN

3. (b) Social Security Number

577-22-4516

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Separated

6.(b) Name of husband or wife Geneva Twyman
6.(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) September 30, 1904
8. AGE: Years 43 Months 43 Days 5 It less than one day 6 hrs. _____ min.

9. Birthplace Madison, Virginia
(Town, county, and state)

10. Usual occupation Cook

11. Industry or business _____

12. Name Ambrose Twyman

13. Birthplace Madison, Virginia

14. Maiden name Lola Ridgett

15. Birthplace Madison, Virginia

16. Informant Deceased

Address _____

17. removal Date thereof Mar. 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____

Location Washington, D.C.

18. Funeral director Malven + Schuy

Address 424 R. St., N.W., Washington D.C.

19. 3-8 19 48 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 7, 1948 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 12, 1948 to Mar. 7, 1948;

and that I last saw him alive on Mar. 7, 1948;

Immediate cause of death Pulmonary Tuberculosis DURATION 4 mo.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

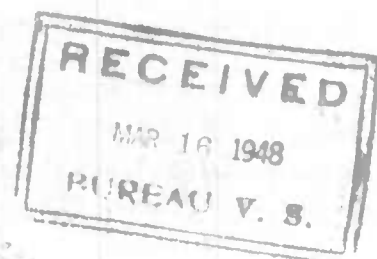
23. SIGNATURE Daniel R. Pinecone MD M. D. or other _____

Address Glenn Dale, Md Date signed 3/7/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03065
Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince Georges
 City or town Beltsville Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 91 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Beltsville Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
none
 2. (a) If veteran, name war

3. (a) FULL NAME

Edward Michael Ulle

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Mary M. Baker Ulle
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Dec 21, 1856
 8. AGE: Years 91 years Months Days If less than one day
 hrs. min.

9. Birthplace Beltsville Md.
 (Town, county, and state)
 10. Usual occupation Retired store owner
 11. Industry or business
 12. Name Unknown
 13. Birthplace Germany
 14. Maiden name Unknown
 15. Birthplace Washington D. C.

16. Informant Edmund L. Browning Jr
 Address 5227 43 st N W Washington D. C.
 17. Burial Date thereof Mar. 19, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St John's Cemetery
 Location Beltsville Maryland

18. Funeral director F. Gasch's Sons
 Address Hyattsville Maryland.

19. March 19th 1948 John D. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1948 at 9⁰⁰ M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19..... to 19.....
 and that I last saw him alive on 19.....

Immediate cause of death
acute congestive heart failure
 Due to Cardiovascular renal disease
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Manner of injury Injured at work?
deputy medical examiner
 23. SIGNATURE James L. Boyd M. D. or other
 Address 2 Crestbrook Date signed 3-18-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 22 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03066

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince George Ind.
 City or town Rural: Hyattsville Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Nothing from Post Home
 How long in hospital or institution? 2 yrs 4 1/2 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind. County Prince George
 City or town Tahaw Park Ind.
 (If outside city or town limits write RURAL and give nearest town)
 Street No. 415 E. Allen
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Mary Ulrich

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 22 1851 8. (c) If alive, give age years

8. AGE: Years 96 Months 5 Days 17 If less than one day hrs. min.

9. Birthplace Farmington Ind.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Mary Werner

13. Birthplace Germany

14. Maiden name Georgy Ward

15. Birthplace Germany

16. Informant Nothing from Post Home Records
 Address Hyattsville, Ind.

17. Burial Date thereof March 12 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Ind.

18. Funeral director J. Arthur Walters
 Address 254 Canal St. NW Takoma Park, D.C.

19. March 9th 48 John D. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 9 1948 at 10:30 P M
 21. I CERTIFY that death occurred on the date above stated; that I certified based from
Oct 10 1947 to March 9 1948
 and that I last saw him alive on Mar 4 1948

Immediate cause of death Cardiovascular Disease
 Due to Gen. Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Howard T. Stone
Sharon Ave M. D. or other
 Address Tahaw Park Ind. Date signed 3/9/48

RECEIVED

MAR 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George'sCity or town Landover
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Transient

Hospital, institution, or street address where death occurred:

On entrance to Prince George'sHow long in hospital or institution? Country Club

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Unknown CountyCity or town Unknown
(If outside city or town limits, write RURAL and give nearest town)Street No. Unknown
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Unknown

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Unknown

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Unknown

8. AGE: Years Months Days If less than one day

35 (estimated)

hrs. min.

9. Birthplace

Unknown

(Town, county, and state)

10. Usual occupation

Unknown

11. Industry or business

12. Name U13. Birthplace N14. Maiden name K15. Birthplace NOWN16. Informant None

Address

17. Burial Data thereof March 11, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory EvergreenLocation Bladensburg, Md.18. Funeral director J. Dorsch SonsAddress Hypsville, Md.19. Mar 11 1948 Amanda H. Corney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1948 at 7:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

AlcoholismDue to Exposure to cold

Due to

Other conditions Found laying on side of roadblood alcohol 300 mgms. temperaturethat night about 20 degrees. Clothingnot very warm.

Major findings of necropsy

Date of op.

Autopsy results as given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/5/48Where did injury occur Landover P. G. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) RoadMeans of injury Slept out in cold injured at work?

Deputy Medical Examiner

23. SIGNATURE James D. V. Boyd
M. D. or otherForestville, Md. 3/11/48
Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03069

Reg. Dist. No. 245

1. PLACE OF DEATH:
 County Prince George's
 City or town North Brentwood
 (If outside city or town limits, write RURAL and give nearest town)
 Now long in above place of death? Transient
 Hospital, institution, or street address where death occurred:
4004 Allison Street
 Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Prince George's
 City or town North Brentwood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4011 Allison Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

John Humphrey Vaden

3.(b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Susan Vaden
 6.(c) If alive, give age 29 years
 7. Birth date of deceased (mo., day, year) August 13, 1910
 8. AGE: Years 37 Months Days If less than one day
 hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
Laborer
 10. Usual occupation
 11. Industry or business

12. Name Frank Henry Vaden
 13. Birthplace North Carolina
 14. Maiden name Lillie Watson
 15. Birthplace Virginia

16. Informant Lillie Vaden
 Address 4544 R. I. Ave., Brentwood, Md.

17. Removal Date thereof 3-1-48
 (Burial, cremation, or removal, which) (month) (day) (year)
 Cemetery or crematorium St. Ignace Funeral Home
 Location Washington, D.C.
Fr. Gasch's Sons

18. Funeral director W. J. Gaski's Sons
 Address W. J. Gaski's Sons
March 1, 1948
 (Date rec'd by registrar) Registrar James Serry

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1948 at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19... to 19...
 and that I last saw him alive on 19... to 19...

Immediate cause of death Acute congestive heart failure DURATION

Due to Acute alcoholism

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Deputy Medical Examiner

23. SIGNATURE James Serry M. D. or other

Address Forestville, Md. Date signed 3-1-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 3 1948

BUREAU V. S.

RECEIVED

MAR 12 1943

BUREAU V. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03071

CERTIFICATE OF DEATH

Reg. Dist. No. 245

115 APR 14 1948

1. PLACE OF DEATH:

County Prince Georges

City or town University Park Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town University Park
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4407 Sheridan Street.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Georgia Netre Wells

3. (b) Social Security Number

4. Sex

female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife Alfred Hyatt Wells

7. Birth date of

deceased (mo., day, yr.)

April - ---- 1883

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

65 64

hrs. min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER

12. Name John W. Netre

13. Birthplace France

MOTHER

14. Maiden name Waldman

15. Birthplace Unknown

16. Informant Alfred Wells

Address University Park Md.

17. Burial Date thereof Mar 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rt Lincoln Cemetery

Location Washington D. C.

18. Funeral director F. Gasch's Sons

Address Hyattsville Maryland

19. March 29, 1948 Mrs Jas. Severed
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1948 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-3-47 19 to 3-26 1948

and that I last saw him alive on 3-25-48

Immediate cause of death Post influenza
encephalitis
syndrome

DURATION

11 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John P. Cum M.D.

Address Hyattsville Md Date signed 3-27-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03072

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Cottage City
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Prince Georges Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Cottage City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3705 40th Place
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Arthur T. Whalen

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Anna Whalen

7. Birth date of

deceased (mo., day, yr.)

May 1, 18886. (c) If alive, give age 59 years

8. AGE:

Years

Months

Days

If less than one day

59108

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

James W. Whalen

13. Birthplace

Maryland

MOTHER

14. Maiden name

Catherine Childs

15. Birthplace

Maryland

16. Informant

Mrs. Anna Whalen

Address

3705-40th Place, Cottage City

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

March 11, 1948

(month) (day) (year)

Cemetery or crematory

St. Mary's Cemetery

Location

Washington, D.C.

18. Funeral director

Am. J. Malley

Address

3200 R.I. Ave., Mt. Rainier, Md.

19.

(Date rec'd by registrar)

3/10/48Amanda Downey

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 919 48at 6:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 2819 48 to March 819 48and that I last saw him alive on March 819 48

Immediate cause of death

Carcinoma of Rectum

DURATION

2 yrs.

Due to

Due to

Other conditions Liver metastases1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles C. Hegerge M. D.

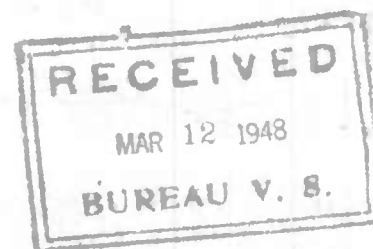
M. D. or other

Address

Mt. Rainier, Md.

Date signed

3/9/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03073

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George
 City or town Chesverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day 10 hrs. 50 min
 Hospital, institution, or street address where death occurred: 17
 How long in hospital or institution? 1 day 10 hrs. 50 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Prince Georges
 City or town 4810 Erskine Rd - College Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. College Park
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Alfred Whydte
 4. Sex M 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

3. (b) Social Security Number

6. (b) Name of husband or wife

6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) July 3, 1872
 8. AGE: Years 75 Months 8 Days 13 If less than one day..... hrs. min.

9. Birthplace

England
 (Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

William Whydte

12. Name England

13. Birthplace unknown

14. Maiden name England

15. Birthplace England

16. Informant Dorothy O'Neill

Address 4810 Erskine Rd. College Park Md

17. Burial Date thereof 3/19/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Forest Lawn Cemetery

Location Wash. D.C.

18. Funeral director W. C. Harris Co

Address Residence Rd

19. 3/19 19 48 Amanda Dorney
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 19 48 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 19 47 to 3/16 19 48

and that I last saw him alive on 3/16 19 48

Immediate cause of death Cerebrovascular accident DURATION 1 wk

Conjunctive heart failure 1 wk

Cerebral arteriosclerosis 1 yr

Due to Coronary arteriosclerosis 1 yr

heart disease

Due to generalized arteriosclerosis years

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Arson Det. and

Leonard W. W. M. D. or other

Address 4314 Gallatin Date signed 3/17/48

RECEIVED

MAR 20 1948

BUREAU V. S.

Did this
draft occur
in P. G.'s. Jan.
Hosp.?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
County Prince Georges
City or town 407 31st Park Way N.W.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Prince Georges
State MD County Prince Georges
City or town 407 31st Park Way N.W.
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Frank E. Wightman

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 10 - 1874 8. (c) If alive, give age years

8. AGE: Years 72 Months 0 Days 5 If less than one day hrs. min.

9. Birthplace Lynch, Va
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Thomas W. Wightman

13. Birthplace Lynch & Co Va

14. Maiden name Susan Bonitz

15. Birthplace Lynch & Co Va

16. Informant James W. Wightman

Address 407 31st Park Way N.W.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof March 18 - 1948
(month) (day) (year)

Cemetery or crematory S. Mary's Rockville Md

Location Montgomery Co. Md

18. Funeral director St. J. Barber

Address Rockville Md

19. March 17 - 1948 Mrs. Jan. Devere
(Date rec'd by registrar) Deputy Social Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 19 48 at 9:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 19 47 to 3-15 19 48
and that I last saw him alive on Mar 15 19 48

Immediate cause of death Cerebral thrombosis

DURATION 2 weeks

Due to Generalized Arteriosclerosis 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest J. Parent MD
M. D. or other

Address 701 Monroe St NE Date signed 3-15-48
Wash 17 D.C.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince GeorgesCity or town Cedar Hts.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Cedar Hts
(If outside city or town limits, write RURAL and give nearest town)Street No. 6300-15 St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Wilcher

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Sally Wilcher

7. Birth date of

deceased (mo., day, yr.)

8/2/1868

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

7978

..... hrs.

..... min.

9. Birthplace

Glasscott, Georgia
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Thomas Wilcher

13. Birthplace

MOTHER

14. Maiden name

Mandy

15. Birthplace

16. Informant

Mrs. Sarah Hill

Address

6300-15 St

17.

(Burial, cremation, or removal. Which?)

Removal

Date thereof

Mar. 10-1948
(month) (day) (year)

Cemetery or crematory

Location

Washington D.C.

18. Funeral director

R. H. Horton

Address

1322 You st. NW.

19.

(Date rec'd by registrar)

Mar. 10 1948Carrie F. Campbell

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1948 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 271948

to

March 101948and that I last saw him alive on March 9 1948

Immediate cause of death

Hypostatic Pneumonia

DURATION

1 wk

Due to

Cerebral Thrombosis

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. E. Beldan, M.D.

M. D. or other

Address

4423-14th St NW

Date signed

3-10-48

MARGIN RESERVED FOR BINDING

VS A151 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 15 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

03076

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Prince Georges

City or town Clinton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

Thrift Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Clinton
(If outside city or town limits, write RURAL and give nearest town)Street No. Thrift Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Irene Windsor

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife William E Windsor

7. Birth date of deceased (mo., day, yr.) Dec 19, 1889

8. AGE: Years 58 Months Days If less than one day

8. (c) If alive, give age 70 years

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Thomas White

13. Birthplace Maryland

14. Maiden name Ida King

15. Birthplace Maryland

16. Informant William E. Windsor

Address Clinton, Md

17. Buried Date thereof 2-16-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St Mary

Location Piscataway, Md

18. Funeral director Thrift & Hyatt

Address Waldorf, Md

19. Feb 22 1948 F.H. Billingsley

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1948 at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

to to

and that I last saw him alive on to

Immediate cause of death Coronary occlusion

Due to Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Deputy Medical Examiner

Address Bethesda, Md Date signed 3-17-48

RECEIVED

MAR 30 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *218*

1. PLACE OF DEATH

County *Prince George*
City or town *Hyattsville*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *4 yrs.*
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State *Maryland* County *Prince George*
City or town *Hyattsville*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *5310-Edmonston Ave.*
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Wilmon Wallace Woodward

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed*

6. (b) Name of husband or wife *Roberta Jane Woodward*

7. Birth date of deceased (mo., day, yr.) *Nov. 22, 1867* 6. (c) If alive, give age *48* years

8. AGE: Years *80* Months *0* Days *0* If less than one day *0* hrs. *0* min.

9. Birthplace *VA*
(Town, county, and state)

10. Usual occupation *Retired*

11. Industry or business

12. Name *Matthew Woodward*

13. Birthplace *VA*

14. Maiden name *Roberta Jane Robertson*

15. Birthplace *VA*

16. Informant *Maishue Woodward*

Address *5310-Edmonston Ave.*

17. Burial, cremation, or removal, which? *Burial* Date thereof *3-4-48*
(month) (day) (year)

Cemetery or crematory *Bristow Cemetery*

Location *Bristow VA*

18. Funeral director *Timothy Haulon*

Address *641-H St. N.E. Wash. D.C.*

19. Date rec'd by registrar *Mar. 1, 1948* Registrar *Mrs. J. J. Severe*

MEDICAL CERTIFICATION

20. DATE OF DEATH *1 March 1948*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 48* to *29 Feb 48* and that I last saw him alive on *29 Feb 48*

Immediate cause of death *Pulmonary edema* 1 day

Due to *Congestive Heart Failure* 3 weeks

Due to *Generalized arteriosclerosis* 10 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

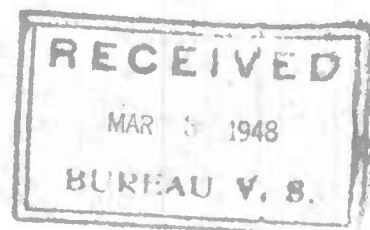
23. SIGNATURE *Robert H. Haire MD*
Address *35 New York Ave NW* M. D. or other *March 48*
Date signed

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAR 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03078

Reg. Dist. No.

239

1. PLACE OF DEATH:

County Prince GeorgeCity or town Lanham
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 1/2 yearsHospital, institution, or street address where death occurred:
814 Talbot AveHow long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgeCity or town Lanham Md
(If outside city or town limits, write RURAL and give nearest town)Street No. 814 Talbot Ave

(If rural, give LOCATION)

2. (a) If veteran, name war World War II

3. (a) FULL NAME

James Edward Wright

3. (b) Social Security Number

027-22-73624. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

April 4, 1911

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

361118

hrs.

min.

9. Birthplace

Lanham Prince George's Co. Md
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Agriculture Dept.

FATHER

12. Name

Frank Wright

13. Birthplace

Prince

MOTHER

14. Maiden name

Clara Herbert

15. Birthplace

Howard Co. Md

16. Informant

Kenny E. Masters

Address

814 Talbot Ave, Lanham Md17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

March 25-1948
(month) (day) (year)

Cemetery or crematory

Asbury

Location

Near Savage Rd

18. Funeral director

Ridgely Selby

Address

401 Wash Ave, Lanham Md19. 3-24

(Date rec'd by registrar)

19 48

Corr E. Wickett

Registrar

Address

401 Wash Ave, Lanham Md

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 21 19 48 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 21 19 48 to March 21 19 48and that I last saw him alive on March 21 19 48

Immediate cause of death

Infar Pneumonia

DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Robert J. McManey M.D.Address 401 Wash Ave, Lanham Md Date signed 3/24/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03079

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Prince Georges

City or town Floral Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

Floral Park Pinesdale Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Floral Park

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James Summers Young

3. (b) Social Security Number

4. Sex

male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Edith Young

7. Birth date of deceased (mo., day, yr.) Dec 6, 1912

6. (c) If alive, give age 28 years

8. AGE: Years Months Days If less than one day

35

hrs. min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Robert Young

13. Birthplace Maryland

14. Maiden name Agnes Bradley

15. Birthplace Maryland

16. Informant Edith Young

Address Floral Park Md

17. Burial Date thereof 3-24-48

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory M.B.

Location J.B. Burial Ground, Waldorf Md

18. Funeral director Hunt & Ryan

Address Waldorf Md

19. 3-22 1948 M.L. Moore

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1948 at 10:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 1948, to 1948

Immediate cause of death

Acute congestive heart failure

Due to Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Deputy Medical Examiner

23. SIGNATURE James S. Young M.D. member

Address Forest Hills Md Date signed 3-21-48

*J. Edgar
Christen*

